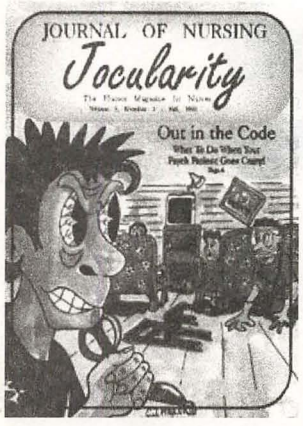
JOURNAL OF NURSING

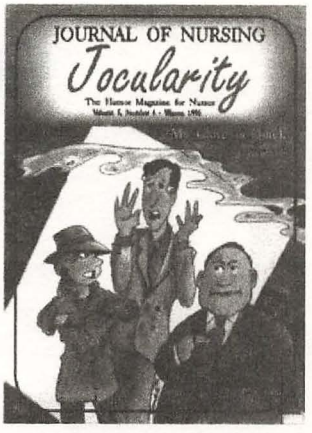
Jocularity

The Humor Magazine for Nurses

PERIODICAL CLASS POSTAGE PAID



Give the Nurses' Day Gift that Keeps on Giving All Year Long!



A Gift Subscripton to the Journal of Nursing Jocularity

YES! ☐ Please send a one year gift subscription for the person listed below. Enclosed is a check or money order for $14.95. JNJ is published quarterly.

Mail your subscription orders to:
JNJ, P.O. Box 40368, Mesa, AZ 85274

Send my Gift Subscription to:

Name _____

Address _____

City/State/Zip _____

Gift From _____

GFB7

Valentine's Day, St. Patrick's Day, Nurses Day, Hospital CEO Day (well maybe not).. Almost any day is a great day to give the gift of humor. A gift subscription to the Journal of Nursing Jocularity will delight any health professional. For only $14.95 they get a one year subscription (four issues) to the only humor magazine for nurses. Always full of humor, satire and funny cartoons. Just use this order form to get JNJ started for a friend. We'll also send an announcement card letting them know who sent the gift of humor.

JOURNAL OF NURSING

Jocularity

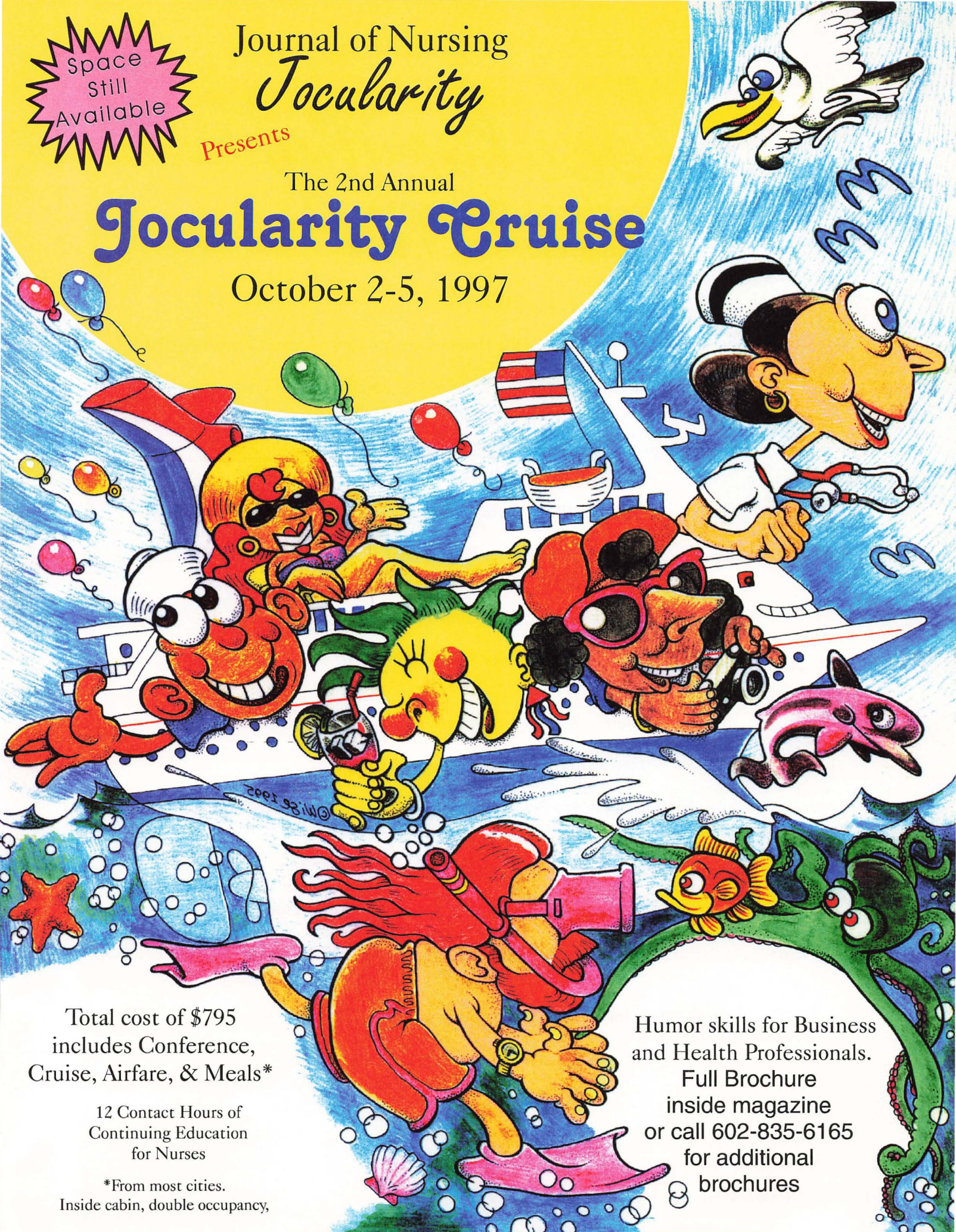
The Humor Magazine for Nurses

Volume 7, Number 2 - Summer, 1997

Ol' "What's-Their-Name" Finally Makes The Cover

See page 58


Scrub Factory
Call or fax for a
free catalog!
PH 1-800-727-8201
FAX (714) 888-1300


Space Still Available
Journal of Nursing
Jocularity
Presents
The 2nd Annual
Jocularity Cruise
October 2-5, 1997
Total cost of $795 includes Conference, Cruise, Airfare, & Meals*
12 Contact Hours of Continuing Education for Nurses
*From most cities. Inside cabin, double occupancy,
Humor skills for Business and Health Professionals.
Full Brochure inside magazine or call 602-835-6165 for additional brochures

Journal of Nursing
Jocularity®

Table of Contents

Summer 1997 - Vol. 7, No. 2

Features

If the Motor Vehicle Industry Was Run Like the Health Care Industry by March Warn, RN, CNOR 8

The Character by Pauline Donnelly, RN, BSN 12
Illustrations by Kevin Raye Larson

Florence Nightingale: Mother of All Nurses by Katherine Stronk, RN 14
Illustrations by John Wise, RN

Do You Remember When . . . by Andrea H. Sangrik, RN, BSNA 15

A Patient's Guide to Our Emergency Department by Paula J. Wilshe, BA 18
Illustrations by Jim Gamble, RN

Unapproved Abbreviations by Maggie Pawlowski, RN, C, MSN, CCRN 20

How Many Psych Nurses Does It Take To Hang an IV? by Mark Darby, RN 22
Illustrations by Carl Elbing, RN, BSN

Starting a Humor Board by Kerri Lynn Hilbert, RN, AA, AAS 26

New Kid on the Unit by Louis Needle, RN 28

A Look at High Risk/Multiple Pregnancy by Bina Goodman Simon, RN, BSN 32
Illustrations by C.J. Miller, RN

The Humor of Reality by Pamela D. Korte, RN, MS 37

Misconceptions of Humor by William F. Fry, Jr., MD 38

Top 10 Reasons to Become an Orthopedic Operating Room Nurse by Michael Roth, BS, RN, CNOR 40
Illustration by Erin Shelley, RN, BSN

Helpful Hints for Chronic Care Nurses by Christine Stephens, RN 41

Cartoons

23 Side Effects
by Kevin Raye Larson

24 Ms. Kitty
by Rob Bosley, RN

25 Getting in Touch
by Jennifer Berman

25 ET Tube
by Mark Ayers, RN, MS

31 But Do You Know Your Physician
by Ben Boykin, RN

37 Spinal Taps
by Jo Lee Dibert-Fitko

43 Basil Skull Fracture
by Steve Berry, NREMT-P
Reprinted by permission from
I'm Not an Ambulance Driver 4

44 Culture and Sensitivity
by Bob Quick, RN

45 The Adventures of PMS, the PM Supervisor
by C.J. Miller, RN

47 Uncooperative
by James Martinez, RN, BSN

53 Family History
by C.J. Miller, RN

57 Not as Bright
by Carl Elbing, RN, BSN

59 Fifty or One Hundred?
by Carl Elbing, RN, BSN

Departments

Editor's Note 5

Stethoscope: Listening to Our Readers 6

Stories From The Floor
Edited by Mark Darby, RN 16
Illustrated by C.J. Miller, RN

Call Lites, The JNJ Joke Collection
Edited by John Baringer, RN 24

Liven Up! Fun for Folks at Work
Edited by Colleen Gullickson, RN, PhD 30

Student Nurse Cut-Ups
Edited by Judith Vallery, EDd, RN 36

Nurse's Notes
Joan Given RN, MSN, Jo Newman, RN, BSN, FNP, Valerie Lyttle, RN, BSN, ONC, CEN, Nancy Leone, RN and Mark Duchow, RN, BA 42

Games and Puzzles 48
Nurses' Wordfind
Michelle Gizzi, RN, BSN
Health Care Partner Match-Ups
by Frances Kiefer, RN, MSN

Classified Ads 53

HumoRx
by Karyn Buxman, RN, MS 56

Jest for the Health of It
by Patty Wooten, BSN 58

Punchline Puzzler
Illustrations by John Duncan, LPN and Jill Mabe, RN, BSN 60

Journal of Nursing
Jocularity
The Humor Magazine for Nurses

How To Contact Us

Journal of Nursing Jocularity
P.O. Box 40416
Mesa, AZ 85274
602-835-6165
FAX 602-835-6922

Publisher – laffinrn@neta.com

Editor – FranLondon@compuserve.com

Catalog Fulfillment Coordinator Patricia Fletcher
602-835-6165

Ad Sales, Speakers Bureau, Writers Guidelines, Reprints
Administrative Assistant Candace Neudecker
602-835-6165
CandaceNJNJ@compuserve.com

Subscriptions
Subscription Fulfullment Coordinator - Eva Beverlin
602-835-6165
subs@jocularity.com

Web Page
http://www.jocularity.com

Journal of Nursing Jocularity® (ISSN 1055-3088) is published quarterly (February, May, August and November) by JNJ Publishing, Inc., 1815 W. 1st Ave., Suite 122, Mesa, AZ 85202. Periodicals postage paid at Mesa, AZ., and additional mailing offices. The Journal of Nursing Jocularity publishes humorous and satirical works in the fields of Nursing, Medicine, and other related disciplines. Send letters and manuscripts to JNJ, P.O. Box 40416, Mesa, AZ 85274. World Wide Web: http://www.jocularity.com

POSTMASTER: Send address changes to Journal of Nursing Jocularity, P.O. Box 40368, Mesa, AZ 85274.

To Subscribe: Send check or Money order (U.S. Funds only) to P.O. Box 40368, Mesa, AZ 85274. See ad on page 53. We are unable to start subscriptions with back issues. Your first issue may take up to 12 weeks for delivery.
Address Changes: Send address changes to Journal of Nursing Jocularity, P.O. Box 40368, Mesa, AZ 85274. Please include mailing label when making change of address or inquiring about your subscription. Allow 8 weeks for change of address to become effective.

Subscription Rates

USA	1 Year	2 Years	Canada , Mexico and Foreign	1 Year	2 Years
	$14.95	$25.95		$18.95	$29.95

Journal of Nursing Jocularity is indexed in the Cumulative Index to Nursing & Allied Health Literature. Printed in U.S.A.

MUSINGS

FROM THE EDITOR

Ask not what humor comes to you.

Ask what you can bring with humor.

OK, that was badly put. But did you get the message?

Is work or life getting you down?

Is your morale low?

Are you waiting for someone to make you happy?

Well, whose job is it to entertain you? Whose responsibility is it to keep you happy? Who's in charge of your mood and attitude?

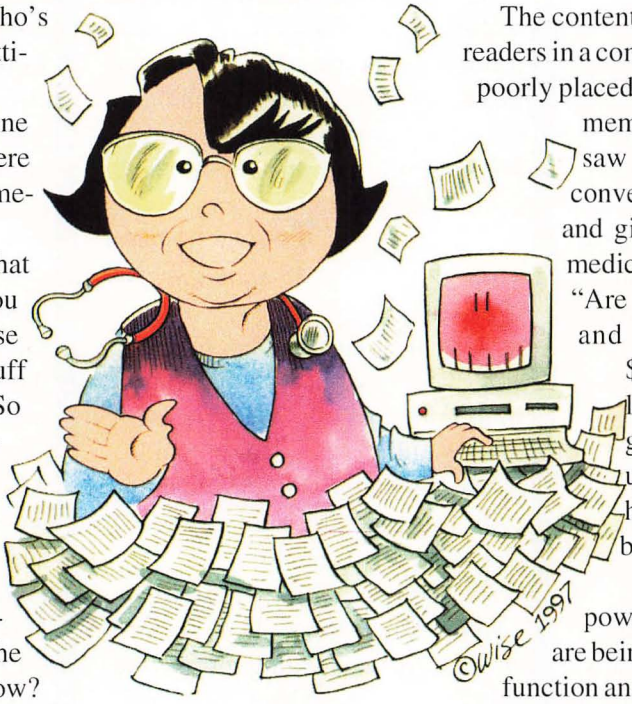
Have you ever heard anyone say, "Morale is low around here and management has to do something about it"?

Does that make sense? What can management do to make you feel good? Morale is bad because you feel management is doing stuff to you, and you have no say. So why do you think if Management does *more* stuff to you, you'll feel better?

Chances are, what you feel bad about is a lack of control. The treatment is clear: take control, get involved and create the work environment you want. How? Accept responsibility. Make those suggestions in writing, problem-solve with colleagues, join those committees and be an active part of the solution.

This issue of the *Journal of Nursing Jocularity* contains an article, "Starting a Humor Board or How to Cheaply Make That Crack in the Wall Look Better." It offers practical advice on how one person can make a real contribution to improving feelings in the work environment.

A humor board may seem like a distraction, keeping the proletariat sedated so they're not so bothered by budget cuts attacking the delivery of quality care. But a humor board can be an energizing sanctuary for the team. Just establishing one proves you are able to successfully initiate change. And, if you use it well, it can be a catalytic tool for revolution.



The contents of a humor board can unite its readers in a common cause. Humor that attacks poorly placed values and waste can rally team members to action. For example, I saw a cartoon recently where the conversation between a young boy and girl went something like, "Your medical insurance doesn't cover this," "Are you still at the same address?" and "Your co-payment will be $15.00." The punchline in the last box read, "I don't know why grownups put up such a fuss about us playing doctor." The focus of health care is not what it used to be.

At times you may feel like a powerless slave, but in reality you are being paid to help your organization function and succeed. Present your suggestions within the framework of shared visions and goals, and expect to be listened to.

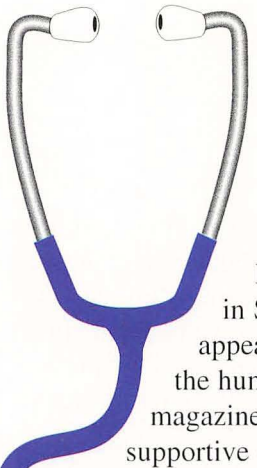
And a little bit of sugar helps the medicine go down. Don't forget the humor.

Fran London

Fran London, MS, RN
Editor

Stethoscope:

Listening to our Readers



From the letters in Stethoscope, it appears that much of the humor in your magazine has a healing, supportive effect. What happened to the editor who accepted Jane McKay's "Troll-Treating in the ER"?

Jane McKay was talking about the difficulties of taking care of a very real group of people. We (yes, as scary as it is, homelessness could happen to me or to you) are NOT "Trolls," even when we take rags and bags out of the trash to replace our stolen shoes. And we stink because we are on a starvation diet and have nowhere to shower and no spare clothes to wear while we look in vain for a place to wash our clothes.

Perhaps humor can give us the strength to look patients in the eye when life has treated them as badly as the homeless in America, but not Jane McKay's form of "humor." It is more appropriate to concentration camps, and to a scattering of prison guards all over the world who brutalize their victims, using the excuse that the mistreated are dogs, or slime, or trolls; anything but people.

Melody Ashworth
via Internet

"Troll-Treating in the ER" was toxic. Its arrogance is what startled me most. Within the walls of undeniably repulsive clothing and flesh erected by the homeless alcoholic, there lives a human being. An old story says God and his helpers put the human soul in the place we were least likely to love to it—within each of us. When flesh repels flesh, we may hold our noses but end our search.

Sara Smith
Tucson, AZ

I ordered your magazine, Journal of Nursing Jocularity, thinking that it might contain some cute cartoons that I could use at work. I had no idea that it would be pure trash. Please cancel my subscription and refund the remaining money.

Barbara Summers
Albuquerque, NM

I have been reading this Journal since it's beginning. Many letters to the editor express their anger/dismay at the use of humour and "lowering the profession." Nursing can't even decide what the professional standards are for itself—ASN, Diploma, BSN?

Humour helps me relieve the stress associated with the stress we experience. The doctor god who must belittle us every chance he/she gets, the rude families upset because the food isn't gourmet, the patient who was "sooooo ill" in the ER and first thing they want on the unit is "Ice water, dinner, how to work the TV, does the roommate snore? Humour helps me cope after I have held the hand of the dying and comforted the family. Sure there are times when it is inappropriate, we know that! So, fellow nurses, lighten up—laugh a little.

Marsha Hughes-Gay, RNC
via Internet

I can't tell you what a blessing this magazine is! I was beginning to think I was the only crazed nurse with a sense of humor out there (and a rather dark one at that!). I especially enjoy your Student Nurse Cut-Ups. I teach RN nursing students at the Freshmen level and often have experienced some hysterical situations. It sometimes takes all I can muster not to break up right there! Bless you all for brightening up the often mundane world of nursing. There's nothing else on Earth I'd rather do, but sometimes you just need to cut loose! Thanks for being there!

Linda Martin, MSN, RN, CS
via Internet

Just wanted to drop you a message that I find your magazine just the perfect counselor after a totally wretched day as a Home Health Nurse. One of my favorite articles was the one about not being able to believe your patients comments and their directions to get to their house. It was so true, I laughed till I cried. Thanks you all, can't wait for my next magazine.

Leah M. Silliman
Bakersfield, CA

I am going through a particularly stressful time right now with having to discipline a co-worker over an issue of abuse. I was looking for information on abuse and through my various web searches found your site (not that it is related to abuse). It is five AM, and I am sitting at my computer laughing my head off at the stories I have read—I've "been there, done that." I just hope I don't wake my family cause they'll think I've

totally lost it now. Thank you for relieving the stress. My subscription request is on it's way. Please don't say you do not mail to Canada!

Paulette McPherson
Campbell River, BC
via Internet

I love your magazine. Imagine my surprise to find you on the Internet. I'm looking forward to your on-line ordering capabilities, especially books. I'm a nurse in the Air Force currently stationed outside Tokyo, Japan. As you can imagine finding nursing books is a little difficult. Thanks again.

Kelly Dru Wilson
via Internet

Publisher Note: We are now able to take secure online catalog orders. Unfortunatly, we are still trying to figure out how to handle orders outside the U.S. Visit us at: http://www.jocularity.com.

I didn't see any mention of CEUs to garner from reading your articles, how about getting NLN to lighten up some too?

Ron Chesnut RN
New Orleans, LA

Editor's Note: We offer CEUs at our conference and cruise, and through some of the items in our Jocularity Catalog. Is anyone else interested in real CEU-granting articles in JNJ?

The new issue looks fantastic! I like the CQI deficits! Consumer Reports does something similar in each issue and it really is the best part of the mag for me! Always looking for a good laugh! Keep up the great job and keep my subscription coming! I also enjoy surfing the links and the JNJ on-line.

Laura Lynn Griffin, RN
Sellersburg, IN

I thank you from the bottom of my heart for all your hard work. You and your staff are to be praised for all the increased blood levels of endorphins produced by this magazine.

Sandy Hubatch, RN
Milwaukee, WI

Wow! Your magazine appeared in our ER-OR Department mail last week. I knew one day there would be a magazine devoted to "the other side of health care."

Enjoyed reading it very much. I would like a back issue for myself and for my daughter. Enclosed is a check. Really don't care which copy you send as I'm sure they are all a good laugh!

Connie Halarson
Spooner, WI

I love your magazine! I, for one, really need it. I feel sorry for the ones who can't laugh at themselves or just "don't get it." It must be a boring (and very serious) life for you guys! Lighten up! Are you afraid that this magazine will get into the hands of outsiders or what? If it does, it will probably get into the hands of friends or relatives, and I'm sure they've already heard it all before! We need to have this release to keep sanity. I'm just glad I'm not alone with the "sick" humor! I agree that only another nurse can fully understand! Keep JNJ coming!

Sue Merryfield
via Internet

Thanks for the website! I have been a subscriber through my organization for a few years now, but the website enhances your publication greatly. I especially enjoyed (I'm an MSN student nerd . . .) your bibliography area. I have done some basic research in that area and have some other sources to send one day. Attractive, informative, and entertaining!

C. Fisher, RN
via Internet

Editor's note: The April 7, 1997 issue of Newsweek, page 80 included an article on the JNJ's website. It aroused some interest:

I sat here at my computer fighting off a serous melt-down from Menniere's. Feeling I couldn't cope with any serious work I decided to investigate Newsweek's recommendation of looking in on *JNJ*. Several items on your page got me to remembering of a few of my own funny experiences when I worked as a registered nurse and I began to laugh. Then when I tried to compose a description of some of those events I laughed as hard as I did when they happened. Now I am sitting here in absolute and unbelieving astonishment: the melt-down has faded and is gone. And it was one of the worst Menniere's has ever clobbered me with. My check for my subscription is on the way.

Jean Llewellyn
via Internet

Send your correspondence to: JNJ Stethoscope, P.O. Box 40416, Mesa, AZ 85274 or email to LaffinRN@Neta.com. We reserve the right to edit letters for length and clarity.

If the Motor Vehicle Industry Was Run Like the Health Care Industry

by March Warn, RN

The operation and funding of the health care industry has undergone many changes to improve its cost-effectiveness. Assuming these changes are beneficial to the American economy, should they also be applied to the motor vehicle industry? If so, how would this operate? I think it would run something like this:

Buying a Motor Vehicle

The only way to buy a motor vehicle is to join one of a number of competing MVMOs (Motor Vehicle Maintenance Organizations). These organizations would combine individual motorists into large groups that could effectively bargain with the MVPs (Motor Vehicle Providers, such as General Motors, Ford and Honda) in the purchasing and maintenance of motor vehicles for personal or corporate use. These MVMOs would be established under the auspices of the American Mechanics Association (AMA) and regulated by the Department of Motor Vehicles (DMV). Motorists would make set monthly payments, part of which would be paid by the motorists' employers under a federally mandated program, to their MVMO. The MVMO would then agree to provide each motorist with a motor vehicle and to provide maintenance and repair for that vehicle. Individual motorists could join an MVMO through their workplace or join one in the open market where motorists with prior accidents or poor driving records might have to wait a year or longer before they were covered under the MVMO. If the motorist joined the MVMO at his or her place of employment, he or she would

only be able to do so during a brief membership sign-up period. If the motorist missed this sign-up period, he or she would be either left without a motor vehicle or be forced to accept a bottom-of-the-line model, such as a Yugo sedan.

Using the bargaining power of a large membership, each MVMO would negotiate with various Motor Vehicle Providers (MVPs) to supply the motor vehicle needs of the individual members. The contracts drawn up between the MVMOs and the MVPs would vary from organization to organization, but all would have to meet certain minimum government standards. All these contracts would have certain features in common:

- The MVP would agree to provide a motor vehicle for each member of the MVMO. A unit price would be established which would apply to all MVMO members. This is called *capitation*. The MVMO would pay a set amount for each member to the MVP, who would guarantee to provide, for that set price, whatever type of vehicle the individual member might need during the covered period and to provide maintenance and repairs for that vehicle. Some members might need only a motor scooter to commute around a college campus, or a sedan to get to work, while others might need minivans to transport children to school activities, or one-ton dump trucks for hauling landscaping materials. The MVMO would not, in advance, let the MVP know how many of each type of vehicle would be needed, but all types would have to be instantly available to meet the members' needs.

- No matter what type of vehicle the member might need, all members will expect their vehicles to have certain features included as standard equipment. These features would include air-conditioning, power steering, power brakes, power seats, AM-FM stereo radio with CD player and Surround Sound, leather upholstery, power sunroof and electric door locks. Vehicles without these features would not be acceptable even if they were mechanically sound.

- Motorists who elected to purchase and maintain a motor vehicle outside their MVMO would have to pay all costs out of their own pockets.

The relationship between the individual motorist and his or her MVMO will be characterized by certain common features:

- Individual motorists might be required to pass an annual driving test administered by the MVMO as a condition of membership.

- Before a motorist would be allowed to buy a vehicle, he or she would have to obtain pre-approval from the MVMO. The individual motorist would then visit an MVMO approved mechanic (see PMS, below) who would determine what the motorist's vehicular needs were, and how they would best be met. The motorist would then submit this proposal to the MVMO. At the MVMO office, the proposal would be examined by a claims agent of the MVMO, most of whom would be lifelong pedestrians. Based on the decision of the claims agent, the proposed vehicular purchase might be approved. Often, before approval is granted, the motorist would be required to obtain second or third opinions from other mechanics employed by the MVMO. This process might take from several days to several months. In the intervening time, the motorist would have to provide for his or her own transportation.

- In an emergency, the motorist might have to obtain a motor vehicle from an MVP outside the MVMO contract. However, he or she would have to notify the MVMO within twenty-four hours of the emergency. In these circumstances, the motorist would be forced to pay for some of the expenses, since some options may be disallowed or only partially paid for by the MVMO.

Repairs to Motor Vehicles

Repairs to motor vehicles would be covered under the MVMO contract, but the motorist would have to take his or her vehicle to MVMO approved mechanics for needed repairs. If a vehicle needed repairs, it would first be examined by the motorist's assigned Primary Maintenance Station (PMS). PMSs, often corner service stations, would be contracted to provide routine preventive maintenance such as oil and filter changes, rotation of tires and minor tune-ups. PMS mechanics would also screen motor vehicles for more serious maintenance or repair problems. Motorists could choose to change their PMS if they move or are dissatisfied with the service provided by the PMS, but they can only choose a PMS on the MVMO-approved list. If the PMS mechanic detects a major vehicular problem, he or she would diagnose the problem. The mechanic would then provide a referral to a Vehicular

Interdiction Practitioner (VIP), such as a muffler, brake, transmission or cooling system specialist. Motorists would not be allowed to contract directly with a VIP or to contract with a VIP who is not a member of the MVMO without severe financial penalties.

VIPs would be compensated by the MVMO according to a schedule of payments based on the Damage Related Group (DRG) diagnosis made by the PMS. DRGs would determine how much the VIP will be paid for his or her services, and how long the motor vehicle would be allowed to remain in the Acute Repair Facility (ARF).

ARFs, previously called *garages* or *body shops,* would also contract with the MVMO to provide repair services for members. In the contract, the MVMO would agree to send all of its members to the ARF for all repairs. The ARF would agree, in turn, to cut its charges to MVMO members to conform to the schedule set by the DRGs. If the ARF spends more on the repairs than agreed to in the contract, the ARF would have to absorb those costs. If the ARF makes the repairs specified in the DRG for less than the contract price, the ARF would be allowed to keep the excess reimbursement as profit. The pressure, under this system, would be on the ARF to get members' motor vehicles in and out of the ARF as quickly and cheaply as possible. This would hold down costs for all motorists. This also would mean that all repair work would be performed using lowest-bid materials and services.

A large part of each ARF's expenses would be salaries for employees. To meet the DRG compensation limits, ARFs will replace expensive professionals, such as Registered Mechanics (RMs), with Certified Mechanic's Aides (CMAs) to lower the RM/CMA ratio. In addition, some ARFs might subcontract with outside companies for such services as cleaning, waxing and windshield care. If this happens, union workers employed by the ARF would be replaced by non-union, part-time or temp workers paid by the subcontractor.

Extended Vehicular Care

As vehicles age, they will need increasingly expensive care. Statistics show that 80% of all motor vehicle care costs occur in the last six months of the life of the vehicle. Members of Congress charged with overseeing this plan note that, while the pool of aging vehicles is growing, the pool of young motorists able to pay into the plan is shrinking. There will then be calls for an increase in premium payments, a reduction in motor vehicle care compensation or a rationing of the available care. Many people, both in and out of government, will ask whether scarce funds should be used to pay for expensive procedures on vehicles that have little useful life left in them. They will ask, for instance, if it makes sense to put a new engine into an older model station wagon with extensive body rust. Defenders of the system will reply that it is the quality of service, not the quantity of service, left in the vehicle that counts.

Summary

Health care management has always been far behind the times. Finally, here is our opportunity to teach the motor vehicle industry the fiscal advantages of managed care. Clearly, it is not difficult to generalize our system to other industries. How long do you think it will take before the motor vehicle industry recognizes the benefits and adopts our methods?

Karyn Buxman, RN, MS

In today's fast paced society, every professional is faced with some degree of stress... and whether the source of stress is at work or at home, the results can be costly. But the good news is— laughter is the best medicine! And here to bring you the antidote to stress is Karyn Buxman, the Humble Empress of Humor! One of the leading national experts in the field of therapeutic humor, Karyn Buxman "edu-tains" audiences through keynotes, presentations, and full day programs designed to help professionals take their work seriously, while at the same time take themselves lightly.

Karyn Buxman combines her skills as a health professional and as a humorist to bring a message that will not soon be forgotten. She presents to thousands of business and health professionals from coast to coast and abroad on how to put humor into their personal and professional lives.

Whether it's a keynote for your next convention, a workshop for your employees, or an emcee for your banquet, your participants can benefit from some "mirth aid." Karyn Buxman can fill the prescription for a winning program.

Frequently Requested Topics for Karyn Buxman:

- J.E.S.T. for Success!
- Humor Makes Cents!
- A Funny Thing Happened on the Way to the Call Light

During this period of transition, change, and continued uncertainty in the health care environment, the staff found your advice particularly valuable in helping us appreciate the real essence of our profession, and the importance humor plays in helping us handle stress and enjoy our work.

Nancy Lakier, Associate Administrator
Scripps Memorial Hospital

Your program was everything I'd hoped for and more!

Rosemary Riley, Ross Products, Abbott Laboratories

For booking information contact Karyn Buxman at:

HUMORx

P.O. Box 1273
Hannibal, MO 63401-1273
Voice: 1-800-848-6679
Fax: 573-221-7226
email: humorx @ nemonet.com

MEMBER
NATIONAL SPEAKERS ASSOCIATION

The Character

by Pauline Donnelly, RN, BSN

Every now and then we encounter that special patient we think of as *a character*. It's hard to pinpoint what exactly brings this label to mind, but it occurs within the first minutes of meeting the patient.

The first character I met was a patient named Flo, who had lived in a nursing home for more years than she cared to remember. I was a GN assigned to the ambulatory care area that just happened to be Flo's home. It was 0900 and I was starting to pass AM meds when an authoritative voice rang out.

"You're starting at the wrong end! Sally always starts at this end!"

Since several other residents were nodding their heads in agreement, I pushed my cart down towards the person who had so graciously tried to guide me. She was well-groomed and tight-lipped. I smiled as I asked to see her name band.

"I don't need a name band. I'm not confused like them." She pointed to two rather vacant-looking women sitting against the opposite wall.

As kindly as I could, I said, "Well, I don't know you so I'll have to get you a name band."

Her face flushed. "Look! My name is Flo Johnson and I don't need a name band! Are you going to give me my pills or are you going to make me late for chapel?"

The other residents began to mutter now, "She's going to make us late . . . Father will be awfully upset . . . Why do we have a new nurse?"

Since she was obviously oriented, I relented. "OK, Flo, here you go." I handed her a cup of pills and a cup of water. She took the pills but not the water.

"I get apple juice," she announced. "The water here's not fit to drink."

"OK," I said and headed for the med room amidst more muttering . . . "She's so slow . . . we're going to be late."

When I returned with the apple juice, Flo was examining her pills. "Where's my red pill?" she demanded.

"What red pill?"

"I always get a red pill."

I checked her med list, noting Darvocet among her PRNs. "Your Darvocet?"

"Don't you know? You're the nurse!" She glared at me scornfully.

"Are you having pain?" I asked.

"No, I'm not having pain!" she exploded, "I just want my red pill!"

"But that's only if needed for pain," I explained, starting to feel childish for some inexplicable reason.

Flo stared at me intently, as if trying to see something that wasn't there. In a flat tone she said, "Sally always gives me my red pill."

Again I relented, returning to the med room since Darvocet was a stock drug. The muttering was louder this time.

"This is awful . . . She gave Flo the wrong pills . . . I hope she doesn't forget my water pill."

Upon my return Flo downed her assortment of pills in one toss with one swallow of juice. It was 0915. I turned to the next patient, glad to be rid of Flo. Patient number two had an armband, thank goodness, and silently accepted her medication.

As I turned to patient number three, Flo's voice boomed from my left. "You forgot her physic!"

"Pardon me?" I asked, a sliver of irritation cutting through my previously implacable tone.

"Her physic," she paused, then enunciated the next four words as if I were hearing-impaired, "her Milk of Magnesia."

I checked the med sheet and gave my verdict. "That's only if she needs it." I could feel my jaw muscles tightening.

Her voice was menacing. "You'll be sorry if you don't give it to her. She'll get impacted and then you'll have to dig her out and it'll stink the whole place up."

As I digested this graphic piece of news, she added the inevitable, "Sally makes sure she gets it every morning." I thought I saw the trace of a smile on her lips but I could have been wrong. Nothing felt right at that moment.

I was surrounded by audible growling as I walked the gauntlet to the med room this time. (So? Verdicts are overturned every day.) It was 0920. Only 48 more patients to go.

As soon as patient number two received her "physic," Flo took her by the arm and started towing her towards the chapel. "Hurry up, Ethel!" she ordered, "She's made us late."

I muttered, "Good riddance," under my breath and tackled the remaining, now hostile, crowd. I was able to pick up my pace, but felt inadequate for a good part of the day.

At the end of this exhausting day, I asked one of the aides when the celebrated Sally would be working again.

"Sally?" she asked.

"Yes, the nurse who usually works here."

The aide looked at me then burst out laughing. "There is no Sally. Flo makes her up sometimes just to speed things up. She knows you new nurses take forever to pass meds."

Florence Nightingale: Mother of All Nurses

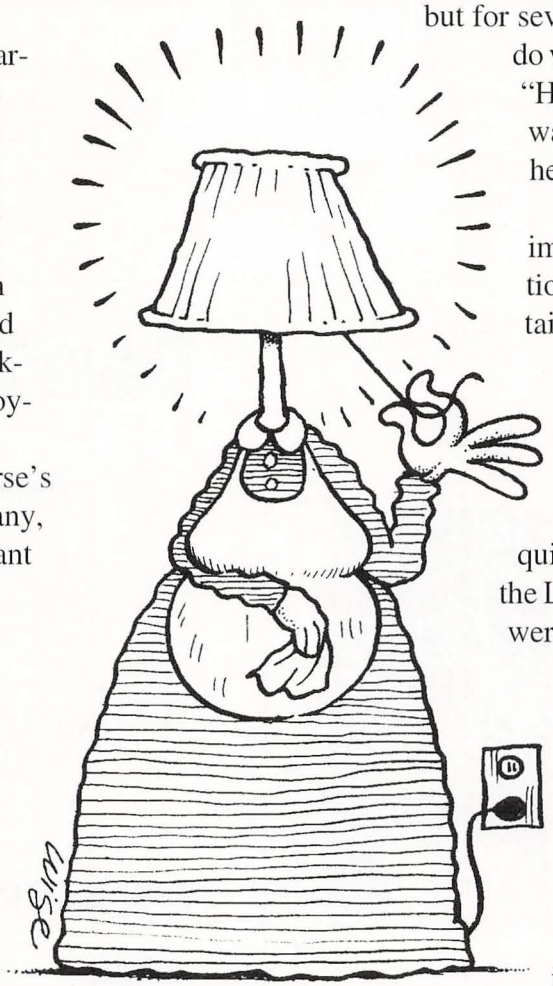
by Katherine Stronk

Florence Nightingale was born in Florence, Italy in 1820. This surprised young Florence, who expected to be born in England.

Florence's wealthy English parents objected to her wish to become a nurse. They wanted her to pursue one of the more genteel professions open to women at that time, like prostitution. To young Florence, nursing was a call from God. It was the fact that God called collect before 10:00 pm on weeknights that she found really annoying.

Miss Nightingale did her nurse's training at Kaiserswerth, Germany, where she learned such important lessons as:

- It's not really practical to be scrubbing the almshouse floor in a long white dress and hose.
- Never ever, ever eat three-day-old schnitzel in the Kaiserswerth cafeteria.



In 1854 (due to complex factors which had something to do with excessive intake of refined sugar and lack of Prozac at that time), war broke out in Crimea. This was of particular concern because, until that very moment, no one had ever heard of the Crimea. Government officials desperately tried to locate the Crimea, but for several months the best they could do was a used bus map of Liverpool. "Head for Turkey and hang a left!" was Florence's mandate as she and her thirty-eight nurses departed.

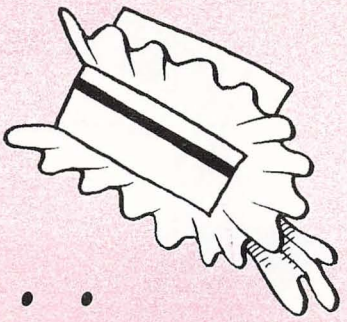
Miss Nightingale succeeded in improving the deplorable conditions in Scutari, Crimea. She obtained supplies, clean linen, better food, and she bought a lantern so she no longer tripped over the men on her nightly rounds. Her old nickname, "Clumsy twit with the big heavy shoes" was quickly replaced by "The Lady with the Lamp." Needless to say, the men were very appreciative.

After the war, Miss Nightingale returned to England. Her first venture, Ye Olde Scutari Memorabilia Shoppe, was a failure, so she opened the Florence Nightingale School of Nursing.

Florence Nightingale died in 1910 at the age of 90, and has been the subject of many nurses' oaths since that time.

For more information about Florence Nightingale see: http://www.jocularity.com/llaves-fn.html

Do You Remember When . . .



by Andrea H. Sangrik, RN, BSNA

Whether you're a new grad or a seasoned hand, you probably realize that changes in nursing are more rapid than the end-of-shift stampede. Do you long for the good old days of nursing? Well, don't despair. You are not alone. Do you remember when . . .

. . . a patient's hospital bill for a week's admission totaled less than four figures?

. . . staffing was so plentiful that nurses were practically tripping over each other?

. . . doctors addressed nurses by their last names (if they could think of them at all)?

. . . you called doctors "Sir"?

. . . doctors actually made house calls?

. . . head nurses preached subservience, not autonomy?

. . . nurses were disciplined if their hair went past their uniform collars?

. . . your patients were taking more unnecessary medications than you could shake a stick at?

. . . nurses took temperatures with mercury thermometers?

. . . you thought DRG was a new alphabet soup for substance abusers?

. . . a patient who came to the hospital for "a rest" actually got one?

. . . women who delivered their babies vaginally stayed in the hospital for six days?

. . . you didn't have to assess and chart on the same patient every fifteen seconds?

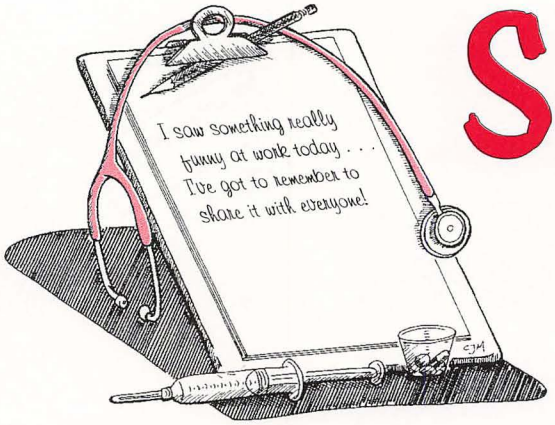
. . . nurses wore white caps and ironed their uniforms every night?

. . . nurses wouldn't even breathe around a doctor unless they got permission?

. . . no nurse dared to wear Reeboks to work?

. . . no one had ever even heard of a male nurse, much less seen one?

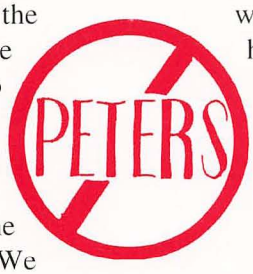
. . . a physician would demand a cup of coffee, and a nurse would rush to get him one?



Stories From The Floor

No Pan or Lawford
Lisa L. Wilson, RN

The floor on which I work was temporarily divided into Med/Surg and OB/GYN units. Since there was no physical division between units, our rooms ran right up to theirs. One night a nurse from the orthopedic floor had been pulled to work the med/surg end of the floor. With an IV antibiotic in her hand she was looking confused and lost trying to find the right room. I asked her what patient she needed.

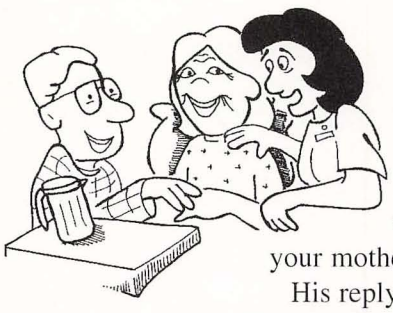


"Peter somebody," she said.

I loudly proclaimed that our half of the hall was for OB/GYN patients only. "We only get women. There are no Peters down here!"

Always on the Move
Alice Samples, RN

While working evening shift on a busy medical floor, I was assigned to care for a rather grumpy gentleman. After I passed the bedtime medicines, he approached me at the nurses' station and told me I neglected to give him any medication to help him sleep. The medication sheets revealed prn orders for only Tylenol and Milk of Magnesia. When I explained this, he replied, "Well give me the Milk of Magnesia. If I can't sleep, I might as well do something."



You Gotta Point
Paul Murter, RN

While caring for a former teacher from my nursing school, I remarked to her son, "I wouldn't be here if it wasn't for your mother."

His reply: "Neither would I."

A Win-Win Situation
Laura Hall, RN, MN, Mimi Applegate Elder, RN and Loretta Muench, RN

Our Clinical Research Department had recently taken on an Alzheimer's study that involved a lengthy consent process with both the patient and the caregiver. One couple was married for 52 years, but he kept insisting she wasn't his wife. It was never clear who he thought she was. She reminded him about the details of their marriage. She pointed out they were married in Paris. Finally, in exasperation, she said, "I am your wife. I tie your shoes and I put on your pants!"

He then asked, "Did you put my pants on in Paris?"

"No!" she responded, "You were too busy trying to get into mine."

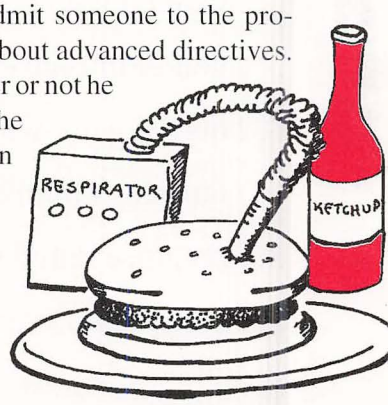
Check the Oil, Too
Brian Dean, RN

Since we work as a team, we inform our colleagues of our whereabouts when we leave the unit. One coworker never leaves to go to the bathroom, but instead always, "heads for the defecation station."

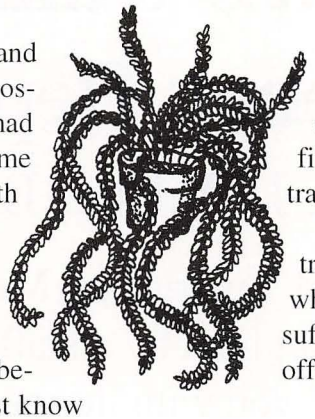
Detailed Advanced Directive
Nikki Hill, RN, CRNH

In hospice, whenever we admit someone to the program we have to ask questions about advanced directives. When I asked one patient whether or not he wanted to be put on a respirator, he said, "No, I don't want to be put on a machine if I'm a vegetarian."

When I relayed this message to the attending physician, he agreed. "If I couldn't eat a hamburger, I wouldn't want to be on a machine either!"



That's Coffee
Jill O'Rear, RN



Mrs. White came to the labor and delivery area one afternoon with possible ruptured membranes. She had visited us several times with the same complaint, so she was familiar with the terminology we used when we test for membrane rupture.

I prepared the equipment I needed for the three part assessment (pooling, Nitrazine, ferning). As I began the exam, she exclaimed, "I just know that my water is broken this time. I can smell the ferns."

Excruciating
Cheri Grubbs, RN

Mabel came into our ICU following surgery for a broken hip and immediately announced, "I'm not going to make it through the night!" Every fifteen minutes or so, all through the night, Mabel put on her call light to ask, "Am I dead yet?"

While I was trying to get my charting done, Mabel's light came on one more time. I hollered out, "No, Mabel, you're not dead yet." Then I saw a visitor scurrying away, looking horrified.

Later in the evening another patient passed away. As the funeral director pushed his gurney past Mabel's room, I heard her yell, "In here! In here!"

After the deceased had been taken from the unit, Mabel's light came on one more time. In a quivering voice she asked, "Does it hurt to be embalmed?"

That Near Branson?
Christine Hoag-Apel, RN, CEN

It is a well-known fact that ED doctors dislike pelvic exams. Our ED, in the beautiful Ozarks, is no exception. One night a well-known professional woman presented with abdominal pain.

The ED doc tried to help her relax by talking about the Ozarks. As he began the pelvic he said, "It sure is beautiful down here." As soon as the words left his lips, he turned red all the way to the top of his Friar Tuck hair.

He sputtered an apology and the lady, fully enjoying his embarrassment, leaned up on her elbow and said, "No one ever described it that way before."

The nurse in the room received a commendation for professionalism above and beyond the call of duty.

Newt's the Driver
Steven Winkler

The ever-increasing pressure on health care organizations forced us to look at cutting costs at our school-age psychiatric partial hospital program. We needed to find the least-expensive, properly-insured mechanism to transport our kids from the program to the school.

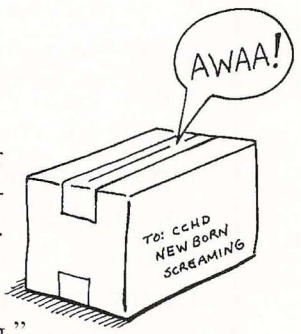
Taxis didn't carry enough insurance. The medical transportation companies wanted too much money. So what did the staff arrange? Stretch limos. They had sufficient insurance and, since school is in session at their off-peak times, they had the best price.

Prayer Noc
Rose Marie Pamphile, LVN

During the night shift, an RN fell asleep at the nursing station while charting. Unfortunately, the night supervisor was making rounds at that very moment.

Coming up from behind, the supervisor tapped the sleeping nurse on the back. The nurse lifted her head and quickly responded, "Oh my God, even here you cannot pray in peace!"

Truth in Labeling
Judy Calhoun, RN



Recently we got a package at our Community Health Center, which contained newborn screening information. The typo in the address could not have been more perfect: "Clark County Health Department, Newborn Screaming."

Next-Door Relative
Robin Smith, DO

When a patient from a nursing home came to our emergency department with pneumonia, I contacted the next-of-kin listed on the patient's chart.

After a fairly lengthy explanation of the serious nature of the patient's condition, I asked the family member, "So, are you the closest relative?"

She replied, "Oh no, honey! I live in Pennsylvania."

Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

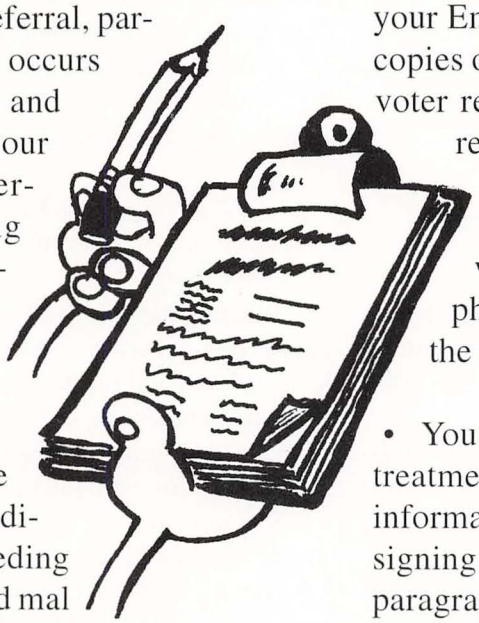
A Patient's Guide to Our Emergency Department

by Paula J. Wilshe, BA

Welcome to our Department of Emergency Medicine. Your emergency medical needs will be met here by a staff of highly motivated specialists, trained in providing you with thorough, quality care. We are available to help you twenty-four hours a day, seven days a week.

Emergency Department visits are generally unexpected. They can be frightening, frustrating and overwhelming. Here are some tips to help make your visit with us more pleasant.

• When you arrive in our Department of Emergency Medicine, a skilled triage receptionist will assess your condition. You will be asked the reason for your visit and the name of the family physician who referred you to us. We will call and thank him for the referral, particularly if your visit occurs during his off hours, and keep him apprised of your progress with quarter-hourly updates during your visit to our department.



• Occasionally an emergent medical problem requires immediate attention from our medical staff. If you are bleeding in spurts, having a grand mal seizure or are experiencing cardiac arrest, the skilled triage receptionist will have a nurse ask you if you feel well enough to give information.

• The triage receptionist will ask your name, address, phone number and insurance information. She or he then creates your Emergency Department chart. You will be asked only vital and necessary information that will expedite your Emergency Department visit. Have ready copies of your insurance cards, birth certificate, voter registration card and federal income tax returns from the last five calendar years. A list of current medications and top ten favorite CDs may be helpful, as well as letters of recommendation from a physician, former teacher and member of the clergy.

• You will be asked to sign a consent for treatment, and a consent to release medical information to your insurance company. When signing consent forms, pay close attention to paragraphs agreeing to donate your body or that of your spouse, if applicable, for medical experiments, and the release of your personal assets to the hospital's *Building a Vision* campaign.

• Depending on current patient census, there are times you may have to wait briefly for a treatment room to become available. It is your responsibility to inform the receptionist if you lose consciousness, cannot breathe or exsanguinate while in the waiting room. We can't watch everyone.

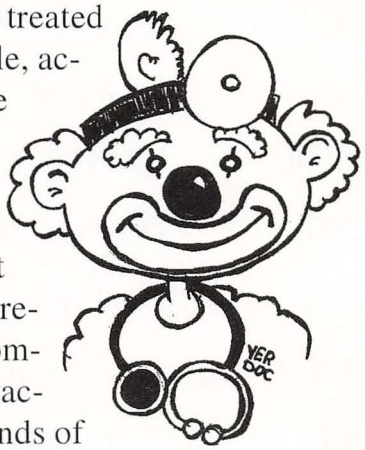
• Please be patient. Patients are seen in order of need, not arrival. We will do our best to treat you quickly and efficiently. Do not ask the triage receptionist how long the wait might be. This will add one hour to your wait. Subsequent comments will add wait time in increments of twenty minutes. If the receptionist tells the nurse that you are asking these questions, your chart will be placed on the bottom of the pile.

• Even though the sickest patients will be seen first, we understand that your medical problem is very important to you. Therefore, it is also important to us that you be seen as soon as possible. If you admit to the receptionist that the illness or injury bringing you to the department has been problematic for several weeks, even if you insist you need immediate medical attention, it will delay our response. Remember you are dealing with professionals who are highly skilled in emergency medical care. Whining will not ingratiate you with even the most compassionate of staff, and may arouse antagonistic tendencies in those with lesser patience.

• Your treatment and subsequent recovery are dependent upon the accuracy of this initial assessment. You may be asked to remain in your room with the door closed for several hours. Do not be alarmed or offended. The process of observation by the department staff is a valuable diagnostic tool and will serve you well in the long run.

• When a treatment room becomes available, a nurse will escort you in and perform an initial assessment of your condition. Rectal temperatures are standard procedure even for minor lacerations and contusions. An evaluation by the Emergency Department physician on duty will follow. The physician will decide what tests, treatments or consults are necessary.

• Our physician is trained in the specialty of Emergency Medicine and is skilled at meeting your emergency medical needs. He will do his best to see that you are treated quickly and, if possible, accurately. He may use suture materials to demonstrate a banjo chord or a fishing fly, then assess your past medical history and review your sexual accomplishments. You are placing your life in the hands of a professional who will treat you with dignity and respect.



No one wants to be a patient in an Emergency Department. Yet, sometimes this is necessary. We hope these guidelines help ease some of your fear of the unknown. We stand ready to treat you in any medical emergency and are available to you at any time, day or night. We look forward to serving you and providing the best medical care available in our Department of Emergency Medicine.

Unapproved Abbreviations:

You Won't Find These in Your P&P Manual

by Maggie Pawlowski, RNC, MSN, CCRN

AAA	Anxious, agitated, Ativan
AET	Age exceeds temperature
AFH	Attending from Hell
ALC	A la casa
AYOYO	Adios, you're on your own
COTIO	Check out the intern's orders
CRS	Can't remember shit
DAD	Dead as doornail
DIB	Dead in bed
DIY	Do it yourself
DKDC	Don't know, don't care
DOT	Dead over there
DOV	Dead on vent
FBS	Future brain surgeon
FLB	Funny little beats
FOF	Full of funk
GGAF	Gomer's got a fever
GOK	God only knows
IMOOHH	I'm out of here honey
ID	Impending death
LMASOB	Leave me alone, still on break
LOL	Lots of Lasix
LOLFDAGB	Little old lady fall down and go boom
LOLFOF	Little old lady fell on face
MUBAR	Messed up beyond all recognition
NOTMC	Nut of the month club
OB	Oy brady
OT	Oy tach
PBAB	Pine box at bedside
PHAD	Piled high and deep
PID	Pus in 'dere
POT	Paroxysmal oy tach
SPM	Shakes per minute
SPS	Sick puppy syndrome
TTFN	Ta ta for now
VD	Veak and dizzy
WFL	What's for lunch?
WNL	We never looked
WYSIWYG	What you see is what you get
YO	New York slang for "Excuse me" or "Hey you!" If desired response is not obtained, may be repeated with a firm, "Yo YO!"
50/50 Club	When the patient's CO_2=0_2

REVOLUTION

THE JOURNAL OF NURSE EMPOWERMENT

56 McArthur Avenue, Staten Island, NY 10312

Join Us!

We tell it like it is!
And we're
changing the system!

HIGHLIGHTS

HOSPITAL PRACTICES THAT ERODE NURSING POWER
Manipulation and deceit keep hospitals in power and nurses disenfranchised.

ARE NURSES DESTINED TO BE A DYING BREED?
What the government isn't telling nurses about AIDS is what the hospital isn't protecting them against.

DANGER - Hospitals At Work
Ongoing features exposing dangers in the clinical setting. Reporting hospital violations to OSHA and JCAHO

LEGISLATIVE UPDATE
We will keep you updated on the bills and legislation in Washington D.C., and their impact on the nursing profession

FLOATING
Nurses object to being pulled from their areas of expertise to care for patients or units where they have no experience. Some who protest are being listened to; others are being fired. Some legal advice on what to do about it!

WHY DOSEN'T A SMART GIRL LIKE YOU GO TO MEDICAL SCHOOL?
"You're just a nurse!" is one expression nurses have heard too often. A feminist awareness can brighten this dark picture.

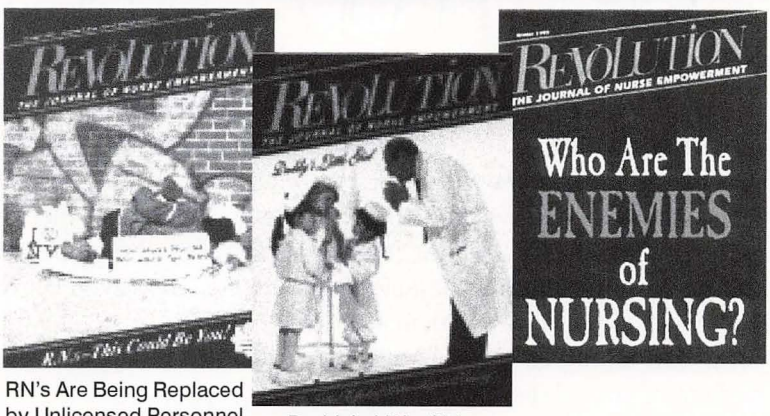
TOWARD A FEMINIST MODEL FOR THE POLITICAL EMPOWERMENT OF NURSES
A look at some old questions about the male dominated system of power and the inequality between nursing administration and staff nurses.

MAKING HISTORY: THE RN/CEO
How one nurse's 'good idea' turned into a 15 million dollar business.

PCA's AND CTA'S - ARE THEY THE BEGINNING OR THE END OF NURSING ?
Hospitals are not just quietly laying off or failing to replace RN's, they're filling jobs with unlicensed aids and minimaly trained PCA's and CTA's.

We do NOT and will NOT accept hospital advertising, equipment monitoring and pharmaceutical advertising. Why? We will not allow anyone to dictate our editorial content! We bring you the Unbiased Truth!

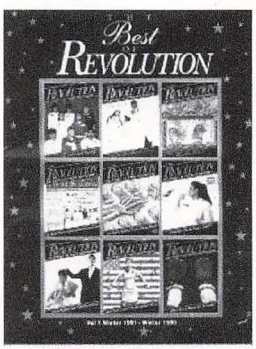
Subscribe Now!
$24.95/per year (Quarterly Journal)



RN's Are Being Replaced by Unlicensed Personnel

Daddy's Little Girl–
The Lethal Affects of Paternalism!

SIGN UP NOW for 2 years and receive the "Best of REV" FREE



"Best of REV" contains the feature articles from back issues.

WE ARE
ALL
IN THIS
TOGETHER AND
WE NEED
YOUR
SUPPORT!

DON'T DELAY SUBSCRIBE TODAY! CALL BETWEEN 9AM - 9PM EST MC/VISA!

1-800-331-6534

How Many Psych Nurses Does It Take To Hang an IV?

By Mark Darby, RN

I know there are nurses out there who can look at a vein and a needle and have no sense of anxiety. But there are other nurses who see intravenous medications as the ultimate proof of incompetence. I chose mental health nursing, not because of my superior communication skills, but because it was the one area of nursing that ensured me the opportunity to puncture a patient's skin only if there were four people sitting on top of him.

Sure, if you ask psychiatric nurses, "Have you ever put in an IV?" they will generally say, "Not in the last twenty-five years, but I know I could pick it up just by reading the Policy and Procedure Manual."

If you look deeper through this veil of self-confidence, however, you see a whimpering, frightened little person who is begging, "Please, no, no, don't make me do it! Please, no! Don't give me an IV order!"

Alas, there is a time in every psychiatric nurse's career where either voluntarily (through stupidity) or involuntarily (through co-dependency) he or she is forced to attempt this most difficult of psychomotor tasks.

My first encounter with intravenous medications as a practicing nurse came on the night shift in a large psychiatric unit. I was the house supervisor when the dreaded order came in. An 83 year old woman had been refusing to take fluids for the last twenty-four hours. The charge nurse on the unit was anal compulsive and called the psychiatrist at 3:30 in the morning to ask if he wanted to do anything about it. In his grogginess, the psychiatrist ordered IV fluids at 125 cc an hour.

The nurse paged me in panic. "What do you do? What do we do? How do we do it?" We spent the next hour-and-a-half finding the appropriate supplies. We realized: 1) there were no intravenous needles in the entire hospital, 2) the only bag of fluid we had was a 250 cc bag that had exceeded its expiration date and 3) we weren't sure where the tubing went.

In addition, we asked every RN and LPN in the facility how long it had been since he or she started an IV. The average time between the last IV and the current order was 7.3 years. Except for me, who attempted rather miserably to start an IV in nursing school less than two years before.

Luckily, I was able to persuade another nurse to try to start the IV. On her first attempt, when the needle was at least six inches away from the arm, the woman began to scream uncontrollably about the pain we were causing her. We all agreed we should call a psychiatric nurse to help deal with this.

Then we realized we *were* psychiatric nurses. It took us fifteen minutes to calm her down.

After two unsuccessful attempts to find a vein (we were able to find the arm on the first attempt), we were unsuccessful in starting the fluids. That led to the next problem–informing the psychiatrist of the failed attempts.

I was chosen to call the physician. I assembled my pen, three pads of paper, two back-up pencils, the physician's number and the phone. I sat down before the phone, took a deep breath and began to dial his number, knowing that the last thing in the world this psychiatrist wanted was to be awakened at six o'clock in the morning by a nurse telling

Back Issue Orders

Special Discount! Buy four or more issues, and they are only $4.00 each, postage paid. Is your hospital or organization having a meeting or educational session that needs some humor? We have special discounts for bulk orders of 50 magazines or more. For information call 602-835-6165. All orders subject to availability.

Make checks payable in U.S. funds. For Canadian & Foreign Sales, add $1.00 per magazine for additional postage, maximum $4.00. Back issue sales are handled separately from subscription sales. Send back issue orders to: JNJ Back Issues, P.O. Box 40416, Mesa, AZ 85274, or order by phone at: 602-835-6165.

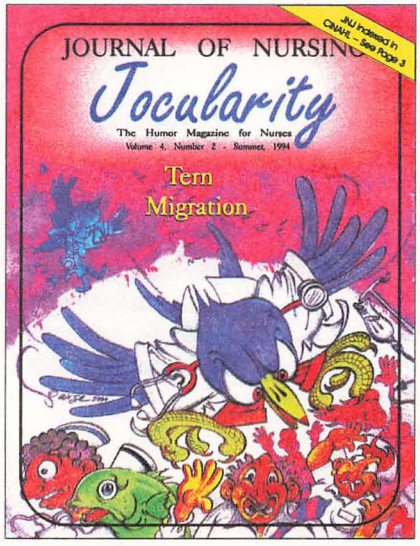
Name: _____

Address: _____

City: _____

State: _____ Zip _____

Subscribe Today!



The Journal of Nursing Jocularity is published quarterly. Order your subscription TODAY!

Humor For Nurses?

The Journal of Nursing Jocularity, the Humor Magazine for Nurses, pokes fun at nurses, doctors, administrators, and all of the other stuff we deal with, all with a sense of humor tailored for nurses and health care professionals. Don't miss out on any of the fun.

❑ Yes I want the JNJ! Bill me $14.95 for 4 issues (a one year subscription).

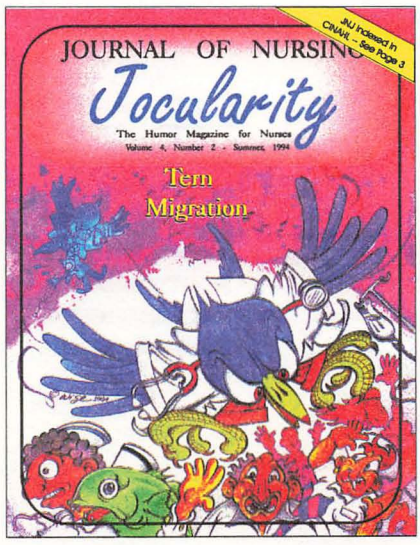
Name: _____

Address: _____

City: _____

State: _____ Zip _____

JCB7



The Journal of Nursing Jocularity is published quarterly. Order your subscription TODAY!

Humor For Nurses?

The Journal of Nursing Jocularity, the Humor Magazine for Nurses, pokes fun at nurses, doctors, administrators, and all of the other stuff we deal with, all with a sense of humor tailored for nurses and health care professionals. Don't miss out on any of the fun.

❑ Yes I want the JNJ! Bill me $14.95 for 4 issues (a one year subscription).

Name: _____

Address: _____

City: _____

State: _____ Zip _____

JCB7

Back Issue Order Form

Quantity

_____ Vol. 1, No. 1.-Spring 1991 $5.00 ppd
_____ Vol. 1, No. 2.-Summer 1991 $5.00 ppd
_____ Vol. 1, No. 3. -Fall 1991 $5.00 ppd
_____ Vol. 1, No. 4. -Winter 1991 $5.00 ppd
Vol. 2, No. 1. -Spring 1992 SOLD OUT!
Vol. 2, No. 2. -Summer 1992 - SOLD OUT!
_____ Vol 2, No. 3. -Fall 1992 $4.50 ppd
_____ Vol 2, No. 4. -Winter 1992 $4.50 ppd
_____ Vol 3, No.1.-Spring 1993 $4.50 ppd
_____ Vol 3, No.2.-Summer 1993 $4.50 ppd
_____ Vol 3, No.3.-Fall 1993 $4.50 ppd
_____ Vol 3, No.4.-Winter 1993 $4.50 ppd

_____ Vol 4, No.1.-Spring 1994 $4.50 ppd
_____ Vol 4, No.2.-Summer 1994 $4.50 ppd
_____ Vol 4, No.3.-Fall 1994 $4.50 ppd
_____ Vol 4, No.4.-Winter 1994 $4.50 ppd
_____ Vol 5, No.1.-Spring 1995 $4.50 ppd
_____ Vol 5, No.2.-Summer 1995 $4.50 ppd
_____ Vol 5, No.3.-Fall 1995 $4.50 ppd
_____ Vol 5, No.4.-Winter 1995 $4.50 ppd
_____ Vol 6, No.1.-Spring 1996 $4.50 ppd
_____ Vol 6, No.2.-Summer 1996 $4.50 ppd
_____ Vol 6, No.3.-Fall 1996 $4.50 ppd
_____ Vol 6, No.4.-Winter 1996 $4.50 ppd

_____ Vol 7, No.1.-Spring 1997 $4.50 ppd
_____ Vol 7, No.2.-Summer 1997 $4.50 ppd (available 5/15/96)
_____ Total ordered x $ _____ = $ _____

Postage (Foreign & Canada only)
1.00 per magazine ($4.00 Maximum) = $ _____

Amount Enclosed $_____

See back side of this card for information on discount for orders of 4 issues or more. See page 46 for articles in each issue. For telephone orders call us at: 602-835-6165 between 9:00am - 4:00pm MST.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1486 MESA, AZ

POSTAGE WILL BE PAID BY ADDRESSEE

JOURNAL OF NURSING JOCULARITY
PO BOX 40368
MESA AZ 85274-9902

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1486 MESA, AZ

POSTAGE WILL BE PAID BY ADDRESSEE

JOURNAL OF NURSING JOCULARITY
PO BOX 40368
MESA AZ 85274-9902

Subscribe Today!

him why his order had not been carried out.

Much to my surprise, the psychiatrist was semi-awake and in a good mood. I told him we were unable to start the IV and requested permission to delay it until the day shift came on. (An old tactic that had worked well for me in the past).

Rather cheerfully, he said, "Don't worry, discontinue the IV orders." I was elated. Then he added, "Start hypodemoclysis." I was stunned.

I asked for clarification of the order and he said, "Start hypodermoclysis."

As I hung up the phone, I realized not only did I have no idea what hypodermoclysis was, but there was no way I was going to call that physician back to ask him.

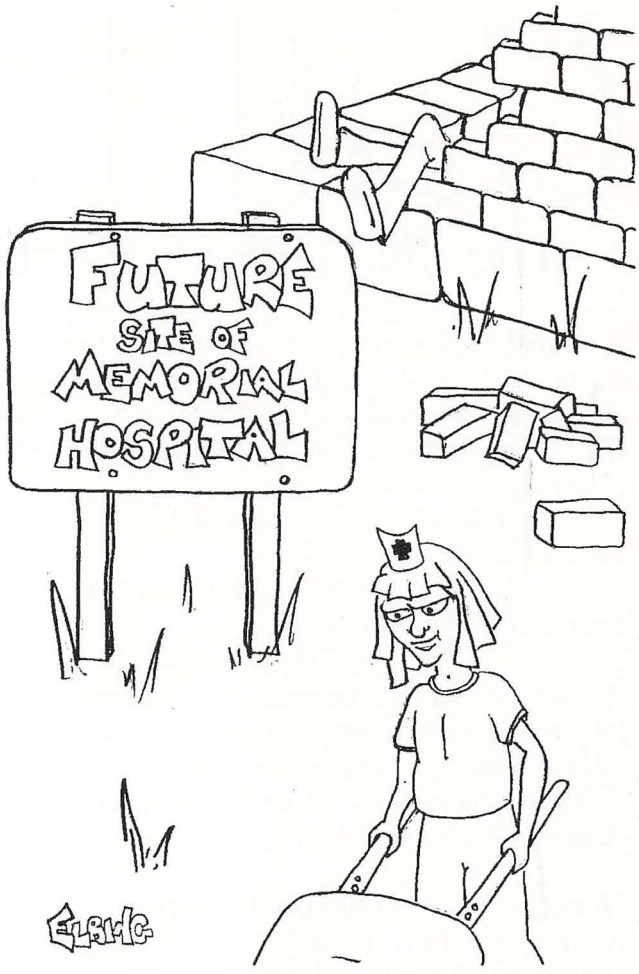
But luckily, after searching through an old nursing textbook and finding an old nurse, we were able to define it. *Hypodermoclysis* is a way of administering fluids subcutaneously they used in the 1950's, before IVs were so prevalent. Luckily for us, this psychiatrist had training in the 1950's and was up on the latest medical techniques.

We tried to find the appropriate equipment. We had the tubing and the bag from the previous attempt. Now we only needed to find hypodermoclysis needles. We swallowed our pride and called the med-surg unit across the way. They laughed at us and told us exactly what we needed to do.

We went over to the pharmacy at the main hospital and picked up two rather long, large-bored needles. We inserted the needles into the upper posterior thigh about three inches and administered the fluids as tolerated. We did this quickly, because we knew the psychiatrist would be rounding early to evaluate our work.

Sure enough, just ten minutes before he walked into the patient's room, we had the fluids started and appropriately secured. We even cleaned up the unit and made the room look nice.

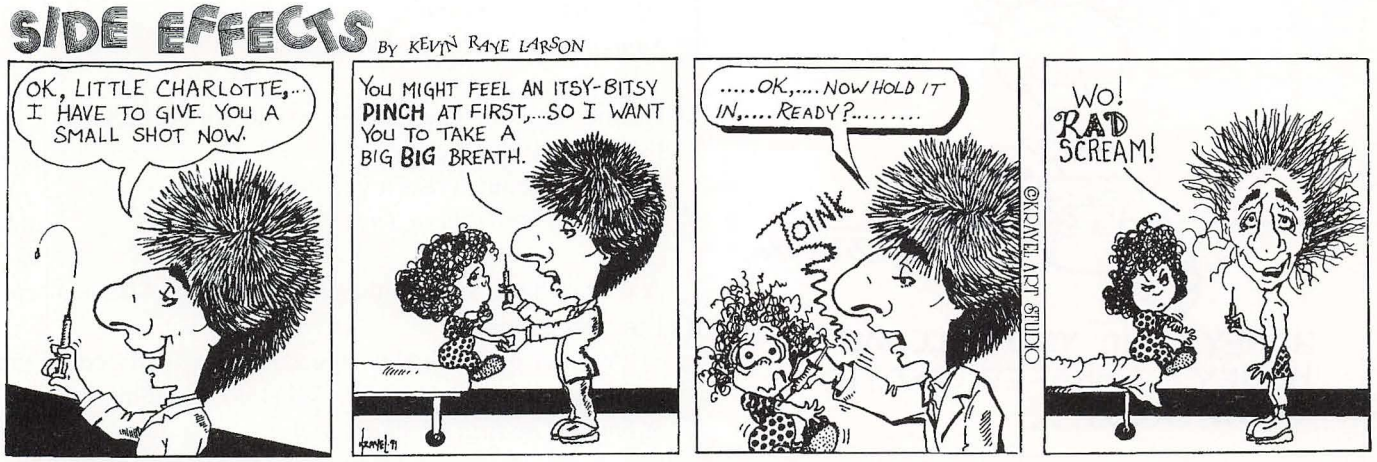
The doctor walked into the room, looked at the patient, looked at the IV and went, "HRMPH." He said to the patient "Will you take fluids now?"



The patient sheepishly grinned and nodded.

The doctor went back to the nurses station and wrote the order, "DC hypodermoclysis."

Legend says you can find the body of this psychiatrist in the foundation of a hospital that was being built that year. I can notconfirm or deny that rumor. I can only say that I was one of twelve nurses who had taken a blood oath and was sworn to secrecy.



Call Lites!

The JNJ Joke Collection

Ollie and Lena were getting married and were at the doctor's office for a premarital physical. Lena was in with the doctor a long time while Ollie anxiously waited outside. When the doctor came out, Ollie nervously asked if everything was okay.

"Yes," replied the doctor, "but you'll have to be careful. Lena has acute angina."

"I know," Ollie replied. "I already peeked."

Submitted by June Kuntze, RN

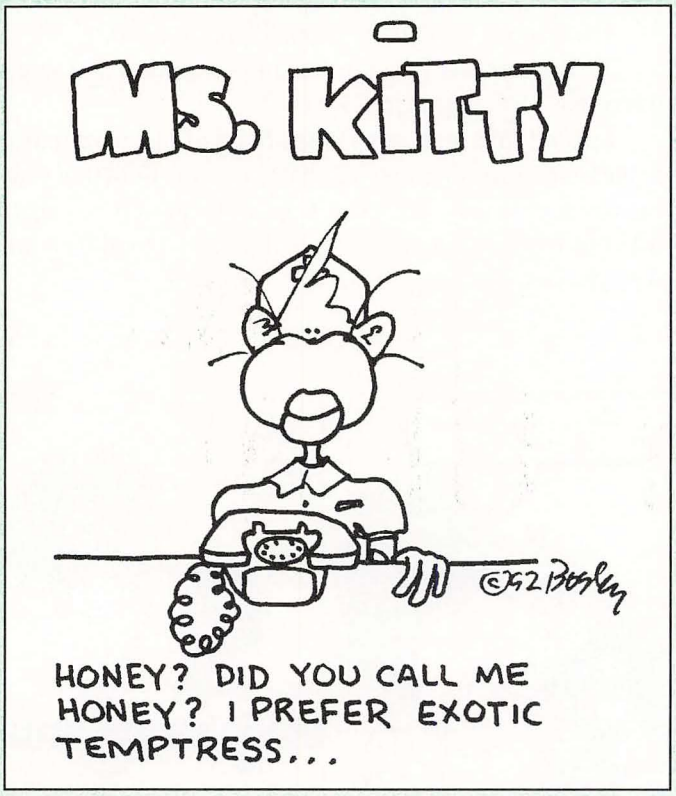
A volunteer at a local hospital who sang songs and told jokes to entertain patients was leaving one day when he said to a patient, "I hope you get better."

The patient replied, "I hope you get better, too."

Submitted by Dorothy Stauffer, RN

Ophthalmologist: "You should wear glasses."
Patient: "No. I have contacts."
Ophthalmologist: "I don't care who you know."

Submitted by Max Baverman



You know you are a real nurse when:

- you describe a robin's egg as the color of Osmoly tube feeding
- the soup of the day reminds you of a Gomco or a Pleurevac
- a bedpan from a GI bleeder reminds you to get a brownie mix on the way home
- your entertainment for the night is a diverting colostomy.

Submitted by Linda J. Mimnaugh, RN

Defunitions:
Hypochondria: notion sickness
Feuding Physicians: scribbling rivalry
Childbirth book: moaner's manual

Submitted by Karl Green

Mr Smith made an appointment to see his doctor. When he got there he told his doctor he hurts everywhere. Mr. Smith touched his arm, his leg, enven his ear and said everything hurt.

The doctor said, "I think you have a broken finger."

Submitted by Anonymous

A patient went to the pharmacy and asked to buy some condominiums.

Submitted by barpnc on the Internet

Q: How does the doorman at the sperm bank greet the donors?
A: Thanks for coming.

Submitted by Robin P. Smith, DO

Plastic surgeon: The face lift would cost $10,000.
Patient: Anything cheaper?
Plastic surgeon: Wear a veil.

Submitted by Kathryn Tuck

A patient had a sign on the end of his bed: "Have a seat. I'm taking a nap."

Another patient had a suggestion box: "My condition has stumped all the doctors. What do you think it is?"

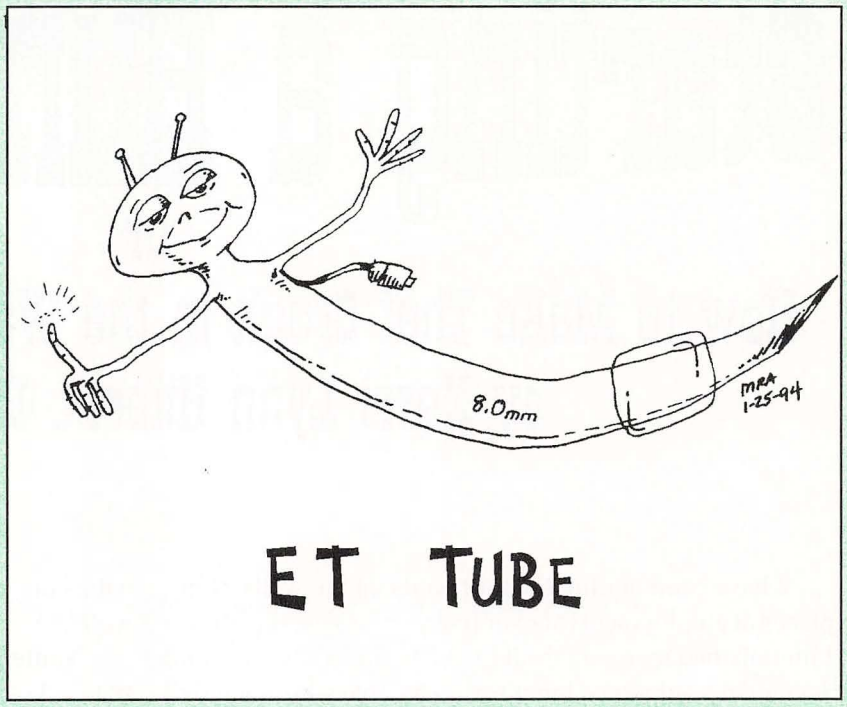
Submitted by Etta M. Glassman

Wife to the marriage counselor: "Now I'll l
husband's side of the story."
Submitted by Mary Josher

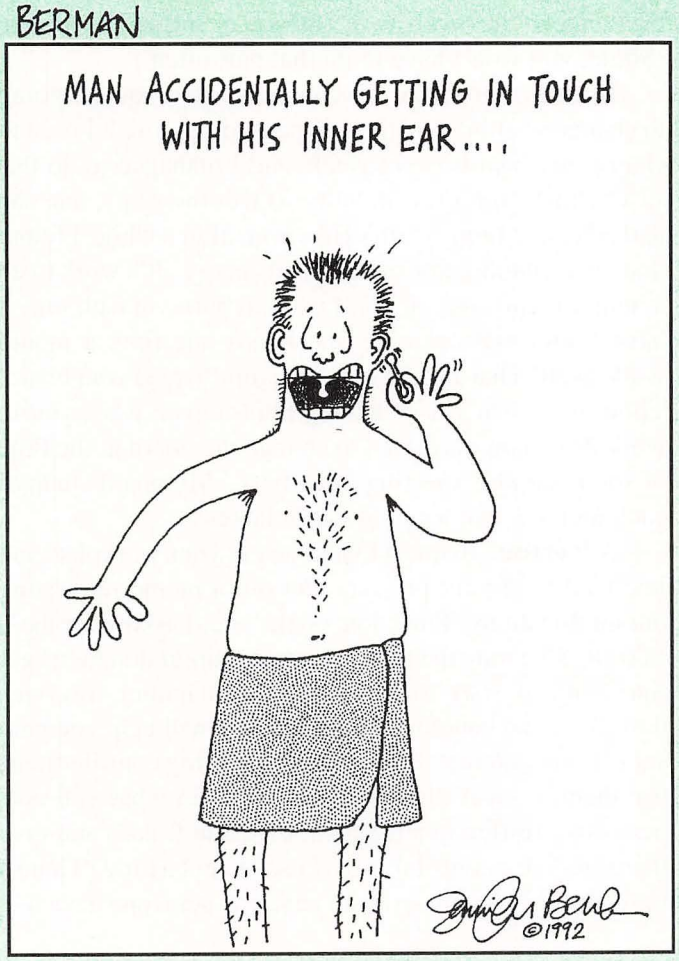
Knock knock?
Who's there?
Amnesia.
Amnesia who?
Oh, I see you have it, too!

Knock knock?
Who's there?
Sarah.
Sarah who?
Sarah doctor in the house?
Submitted by Fran London, MS, RN

Doctor: "Your wife has choledocholithiasis."
Husband: "If I can't spell it, I can't afford it."
Submitted by Becky Neal



Doctor: "How is the child who swallowed a dime?"
Nurse: "No change yet."
Submitted by Pauline Zlotolow



Nurses may be funny, but only the surgeons cut up.
Submitted by Micky Nieman

The husband came home to find his wife in bed with three men.

"What are you doing?"

"Didn't the therapist tell us to have four play?"
Submitted by Anonymous

Q: What do you call a germ wrapped in cotton?
A: A padded cell.
Submitted by Adrian C. Allen

A man thought his dog died, but to verify it, he took the body to the vet. The vet put the dog on the table, got a cat and had the cat walk clockwise twice around the dog, then counterclockwise twice. The vet said, "Yes, your dog is indeed dead. That will be $425."

"$425!" said the man, "Why so much money?"

"$25 for pronouncing the dog dead and $400 for the cat scan."
Submitted by Dorothy Stauffer, RN

Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.

Starting a Humor Board

or

How to Make That Crack in the Wall Look Better Cheaply

by Kerri Lynn Hilbert, RN, AA, AAS

I have been putting humor boards on the walls of my places of employment for over five years. (Yes, sometimes I literally had to use the walls.) At the *Journal of Nursing Jocularity* conference I met several people who wanted to know more about starting their own boards, so I thought I'd share what I've learned. Here are some tips:

Get permission. Most of the time, all you have to do is check with your nurse manager about putting up a board. It could become a little more complicated, but usually if you explain how the humor board can benefit your workplace, permission will be granted.

Select an Audience. Decide whom the board is going to be for—is it just for the employees or is it for patients too? If it is for employees, is it just nurses, or will doctors and members of other disciplines also see the board? Consider this before you obtain space for your board. This will also determine what you put on the board.

Obtain some space. If you are lucky, you may be able to use all or a portion of an existing bulletin board. You can buy one cheaply. You don't need to have an actual bulletin board either. I once used the bathroom door—inside and out. It was probably the most read print on the floor. Bathroom walls, refrigerator doors and other areas work well, too. If you don't use a bulletin board, consider how you will hang up your materials. You can buy tacky stuff that will hold materials to walls. It will come off both the walls and items easily. Tape works great too. But be careful. It can and will ruin the finish on some surfaces, like bathroom doors. (Trust me on this one.) Of course, as long as you keep stuff up, over the tape marks, no one will ever know!

Board Backdrop. If you are going to use a bulletin board, I recommend you put up a background of colored paper or wrapping paper. It helps draw attention to the information on the board. Use colors that contrast with the colors of your humor material. Usually, dark colors work well.

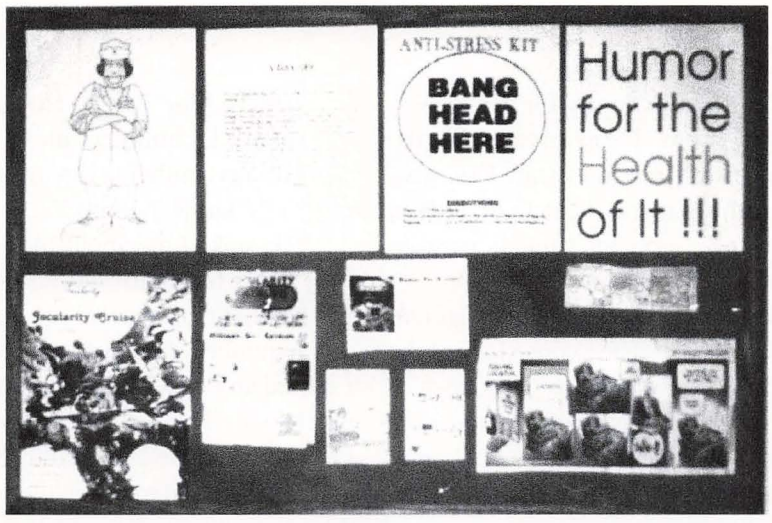
Name your game. Grab people's attention: label your space. I call mine "Humor for the Health of It!" Think of a slogan to help catch people's attention. You want people to know this isn't just any old bulletin board. This one's special! Can't think of one? Ask around, have a contest, or just call it your "Thought for the Day" or "Smile for the Day" board. Cut out construction paper letters and spread the theme of the board across the top or sides of the board. (Smile, you won't have to do that part often.)

Rotate your stock. Decide how often you are going to change your information. When I first started, I used to change my boards every week, and I managed to do this successfully, for a few months. (Over the years, one can gather a lot of funny stuff.) However, after a while, I found that I was running low on stuff and energy. It's work to do a humor board, so you don't want to burn yourself out. I have found that changing the board one time a month works well. That also gives people time to read your board. Time flies when you're having fun (or even when you're working). You may want to change the board at the time of some monthly meeting or activity. My board changes each month when we hold CPR classes.

Advertise. Request that others at your workplace get involved with your project. Put out a memo requesting humor donations. Put a note on the board asking for them as well. Decorate the mailbox where humor donations go. Speak up at staff meetings. Give a humor inservice describing the benefits of humor. This will help you gain support and interest. Once you start getting contributions, use them, even if the humor differs from what you normally like (different strokes for different folks!) and give them credit for contributing. (I used to put a little "Thanks to so and so" sign underneath anything someone gave me.

Put a joke in your newsletter (or if there isn't a newsletter-start one!) and then ask for material after the joke. Also, make sure you encourage other disciplines to get involved.

A Physical Therapist contributed PT-related cartoons to my board, which was great since we are a multidisciplined home health agency. It really helped promote a sense of office unity, even though I often didn't "get" the PT jokes.



Materials. Establish a team to gather a variety of materials to post on the board. This will share the work, and you can collectively decide what should be posted.

You have to be careful. I tried to put up some mildly political comics once, and found my board being ripped down every day after that. Don't put up anything that could easily cause controversy. Stay away from religion, politics or anything that makes a statement about a personal value. Remember who is looking at your board? You don't want comics making fun of patients if patients can see them. The same principle goes for other disciplines in your work area, although I've gotten a laugh or two out of MDs when I've made fun of them on my board. So, use your best judgment. You want to use materials that will bring people together, not pull them apart.

Keep in mind that no one is going to find every item on your board funny. Some people might not find anything on the board funny. Unfortunately, these are usually the people who could use a big dose of humor in their lives and could benefit most from the board. Most people will find something funny to make them smile each time you change the material. And that's good enough for me.

Last but not least, where in the world could you find material for the board? There is a vast amount of material out there. Why, you can even order an extra subscription to the *JNJ* and cut it up for your board! Pull out the *JNJ* catalog and pin it on the bottom of the board so people can buy humorous materials to help brighten their days if they like. Post subscription cards to funny magazines that people can take. Post notices for humor seminars. Sunday and weekday comics from your local paper are also easy to find and often cover health and business-related topics.

You don't have to limit yourself to just health care and business—I like to use humor from all areas of life, as long as it is not destructive humor. I have used calendar comics, both the day-at-a-glance and the big monthly kind. *Cathy* is a great comic to use if you work with a lot of women. Humor compilations from many, many different comics also usually contain good material. Someone I met at the *JNJ* conference said their floor kept a Guinness Book of Lab Records posted.

Funny pictures of your staff are great to use. You can put them up as is or add little captions to make them even funnier. Don't have any? Get some funny glasses or noses from your local costume or clown store and borrow a Polaroid camera. Many computers have clip art that is funny that you can post. Funny pins are good if they won't grow feet and walk away.

Take some of those little books with tips about life and share their wisdom with your office world. There are many great poems about humor and having a good perspective on life. Post the sayings from inside the Chinese fortune cookies you ate for lunch. Have a contest for writing the silliest poem about daily activities at work and post the best ones. Photocopy your face and slap it up. Pin up a paperback children's book that makes you smile.

You can also use the space for fun contests, such as a baby picture guessing contest. Charting bloopers and excerpts (without any patient references) are also great for laughs and smiles. And how many times a week do we get a new guide to what medical terminology really means? You know, like "Artery: The study of paintings." And depending on your work environment, ignore what I said about politics and bend the rules—sometimes it is fun to make fun of the workplace. (If you can get away with it, that is.)

Oh yeah. One last tip for those of you using bulletin boards and staples: invest in a staple remover. It can prevent multiple workers' comp injuries.

Maintaining a humor board is an evolving, creative process. Let me know what you come up with.

Kerri Lynn Hilbert
7435 Tangle Ridge Drive
Mechanicsville, VA 23111

New Kid on the Unit

by Louis Needle RN

I had been on vacation with my family for two weeks. When I entered the report room, I was greeted by the familiar smiles of the unit staff, ready to start IVs, give meds, and help all our ortho patients heal their broken bones. There was one new face, someone vaguely familiar that I could not quite place.

The charge nurse gave report and I was asked to orient the new person, Tommy, as I went. The expressions of the other nurses were odd, sort of a sympathetic-but-glad-it's-not-me smile when they heard my assignment. There were secret looks between them. After report, I cornered Laura.

"Has Tommy been here before?" I asked. "He looks familiar."

"Oh, yes. Yes, he has." She raised her eyebrows.

What's the deal here? I thought.

Tommy came over to me. His name tag read "Thomas DeSoto, RN, ULP"

ULP ?

"What's U L P.?" I asked.

"Unlicensed Person," he said, "I used to be in housekeeping."

"Did you go to nursing school?"

"No."

"How did you get to be an RN?"

"Oh, that means Recognized Novice. Recognized Novice, Unlicensed Person. I took the six-week course they're giving to work with patients and got a certificate. They said I could learn on the job. They'll pay me a dollar more an hour to do this."

"What are you allowed to do?"

"Anything you can show me."

"Give meds, start IVs, take orders on the phone?"

"Sure. Just show me how."

Ulp.

My charge nurse Jeanette wouldn't change my assignment, "It's come down from the front office. They're downsizing, they say, to save money."

"Didn't they make their largest profit ever last year?" I asked.

"That's what I recall, too. They say they want to change the personnel mix. Multi-skilling. It's the new approach to management."

So, we started out to survey our assignment.

"Hello, Mrs. Jones. How are you doing today?"

"Don't let him near me!"

Tommy smiled and waved at her.

"You know Tommy?"

"He poked me about forty times yesterday."

"I was trying to start an IV," Tommy volunteered.

"If that man touches me again, I'll sue this hospital!"

A number of our patients seemed to remember Tommy. I started an IV on Mr. Parker and Tommy watched closely, much to Mr. Parker's discomfort. The paient's relief when I had finished the easy start had a flavor of divine blessing to it. He thanked me over and over with a broad smile. Not the reaction to an IV start I was used to.

We went back to the nurses' station to check the med sheets and I noticed Linda and Marian move away from us. These nurses oriented me when I started.

When I asked him what he might chart about Mr. Rogers, who was having pain from his arthroplasty, vomited after getting morphine, and had drainage on his dressing, Tommy described his breakfast perfectly.

"Did you use to work in Dietary?"

"No. Not here. But I used to work in a restaurant."

"Me, too, before I became a nurse."

"Oh! Then we have something in common, eh?"

Tommy followed me all morning. He was very nice and had a good rapport with the patients he hadn't touched. He got a glass of milk for a man who was NPO, almost helped a fresh total knee out of bed, and wheeled a COPDer out for a smoke.

"Do you know anything about care plans, Tommy?"

"I guess it's a plan to care for the patients?"

"Right. Here's a good example: Mrs. Marquette. One of her problems is Fluid Volume Deficit. Let's look in the Plan of Care Resource Manual. Some defining characteristics are hypotension, altered intake, decreased skin turgor, altered urine output. Then the Etiology/Related and/or Risk Factors include deviation affecting access and factors influencing fluid needs (e.g. hypermetabolic state) and knowledge deficiency related to fluid volume. Nursing Interventions include assessment for presence of edema, othrostatic blood pressure, gastric pH, I & 0 q shift, CBC, lytes, total serum protein, urine specific gravity. . . "

"Isn't that the little old lady in the room down at the

end?"

"Yes, Mrs. Marquette. What would your assessment of her situation be?"

"She looks all dried-out, you know. They ought to give her some pop to drink."

I went to lunch. When I came back, Tommy was rummaging through the medication drawers.

"What are you looking for, Tommy?"

"Well, Mr. Samson wanted some Tylenol, but I can't find any here."

"Does he have an order for it?"

"I don't think so. He just asked for it. How about this? This looks like Tylenol. Is Lasix another name for Tylenol?"

Tommy helped reposition and bathe some patients and filled water pitchers. He tried taking a blood pressure on an arm with a dialysis shunt and watched me change dressings and pass meds. I never quite got around to letting him do that himself.

At the end of the day, he said good-bye cheerily.

"Thank you, thank you for showing me how to do things, Mary Ann."

"Are you coming back tomorrow?"

"Oh, no. I'm off for two days. But, after that, they're going to let me work by myself."

With some trepidation, I went to check the schedule and, lo and behold, there was Tommy, listed as staff three days from now. While I was looking, I checked my own schedule. I was crossed off. I went to Jeanette.

"Oh, yes. That's part of the plan. They're replacing us with U.L.P.s. The nursing staff has been reassigned under the head of Dietary and they're shifting things around. I'm just waiting to train my replacement."

"But, what will I do?"

"I don't know. I hear there's an opening in housekeeping."

Suddenly, I woke up.

Anesthesia does funny things to your mind. I always suspected that, but this was my first surgery. I could feel a little pain.

"Are you hurting, dear?"

"Is this the recovery room?"

"Yes."

"Could I have some pain meds?"

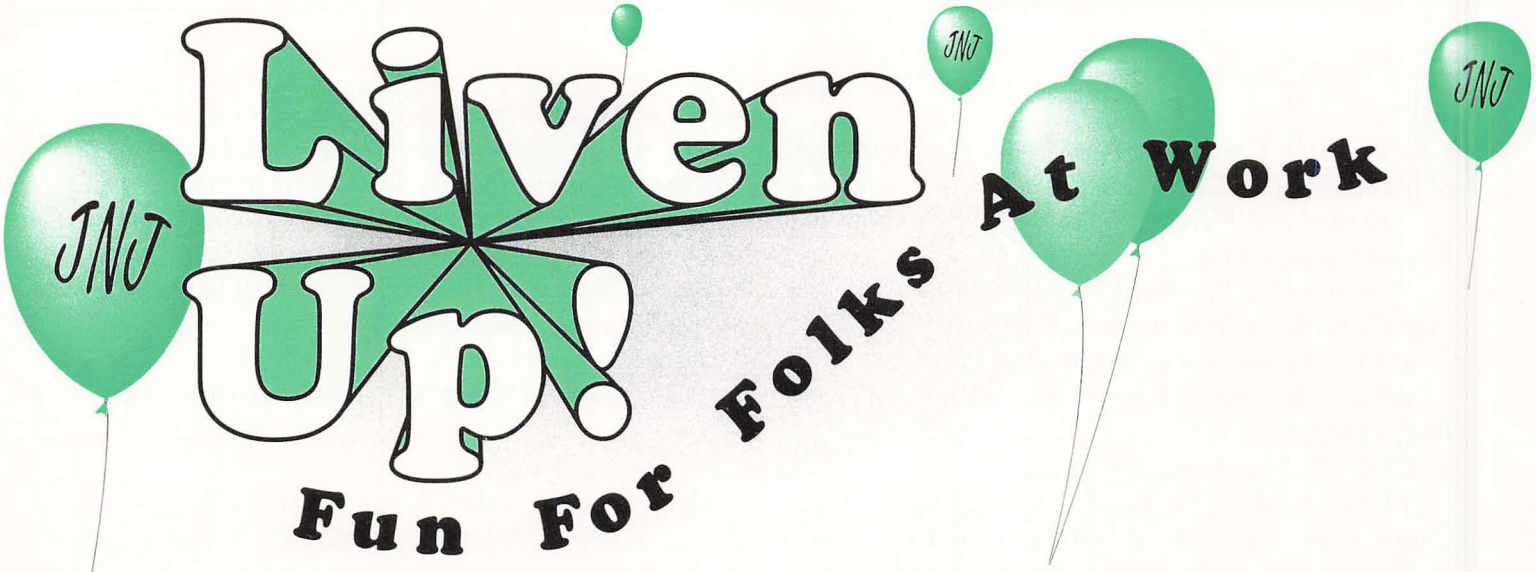
"Sure. I'll get you something."

She came back with a med cup. "Here you go. Would you like some ice water with it?"

"Shouldn't I get IV meds this soon after surgery?"

"Yes, you should, but I haven't learned about IVs yet."

Then I really woke up.



Staff meetings, budget meetings, quality assurance meetings and faculty meetings can all get very boring, very quickly. What is it about meetings that make even the best of us cry "uncle"? Perhaps we are too narrowly focused on the task at hand and can't look beyond to *liven up.* Here is one unique suggestion.

Home Videos

Public Health Nursing may not be as fast paced as the hospital, but we still have plenty of nurses with good jocularity. Everyone knows how boring staff meetings can be. So we maternal-child nurses decided to liven things up a little. Each team was assigned a program update, so we secretly videotaped a "mock breastfeeding clinic" in progress, using ourselves as the actors.

I was volunteered to act as the poor mother who comes into the clinic with severe breast engorgement, looking for assistance. My name was "Mrs. Parton." Under my shirt were two very large balloons! A concerned clinic nurse then escorted me to one of the cubicles. In the foreground we gave a brief blurb on how the clinic is run, who frequents it, what common concerns we deal with, and that sort of thing. Then the camera zoomed in on the cubicle again and I emerged a "satisfied customer" minus one set of large hooters! I thank the nurses as I'm leaving the clinic, saying I couldn't have done it without them.

We showed the videotape at the staff meeting and had everyone bursting (or is it busting?) into laughter. It sure livened things up. I later heard my Director of Nursing thought the video was so good that she might show it at a board (not bored) meeting! How embarrassing!

Heather Robson, RN, BScN
Algoma Health Unit
Ontario, Canada

Besides meetings, another side of health care that can become frightfully taxing is being a patient, especially when being a patient means frequent clinic or outpatient visits. Here is how one rehab department offered their clients a refreshing and humorous change.

Characters

We work in an office of Rehabilitation Medicine. The patients are scheduled for treatments anywhere from two to five times a week. Over a course of therapy, they spend a lot of time with us. We office staff pride ourselves on cohesiveness and genuine caring for the patients as well as ourselves. The patients frequently acknowledge this. Halloween is a time for fun and laughter when we deviate from the norm. Therefore, on Halloween, we decided to surprise our patients.

When our patients arrived on that fateful day in October, they were greeted by the receptionist Witch. Therapy was then undertaken by the Skeleton, Harem Lady, Baseball Player and Charlie Chaplin nurses. All were assisted by the Bumble Bee medical assistant. If business questions arose, the patients spoke to the Court Jester, Devil or Spanish Maid. Can you imagine the patient's surprise when they were greeted by Count Dracula, the doctor?

All of our patients entered with smiles and thoroughly enjoyed the experience. We never expected that simply dressing up for Halloween would have such a positive impact on everybody. The stress of treatments must be worse than we thought when simple costumes provide such a a humor release.

Everyone was still chuckling for weeks afterward. There must be something about humor! For a few moments during our stressful schedules and physical discomfort, we were happy to forget life's inconveniences and laugh at ourselves and bring humor into someone's day.

That Halloween will not be one easily forgotten.

Charlotte Gorun
Clifton, NJ

Please keep sharing your work humor with all of us. Liven Up! is a regular feature in the JNJ. Send your story (50 to 200 words) about how you are using humor in your workplace to: Liven Up! Colleen Gullickson, RN, PhD, Rt. 1 Box 167A, Ridgeway, WI 53582. If we use your story you will get 2 copies of the JNJ with your contribution, and an exclusive JNJ T-shirt.


YOU KNOW THAT SHIFTY-EYED ADMINISTRATOR LIKE A CUB KNOWS HIS MAMA...
IF IT AIN'T BROKE, BREAK IT..
C.E.O.
...BUT DO YOU KNOW YOUR PHYSICIAN?
CORNELL U.
ANESTHESIOLOGIST
NEUROSURGEON
FAMILY PRACTICE RESIDENT
CAT
GENERAL SURGEON
Hell... 'is ain't so bad... 'least 'is time I ain't standin' in shit up to my elbows...
What's all this 'bout? You sayin' it hurts when you WHAT, boy?
UROLOGIST

A Look at High Risk/Multiple Pregnancy

by Bina Goodman Simon, RN, BSN, MPDIT*

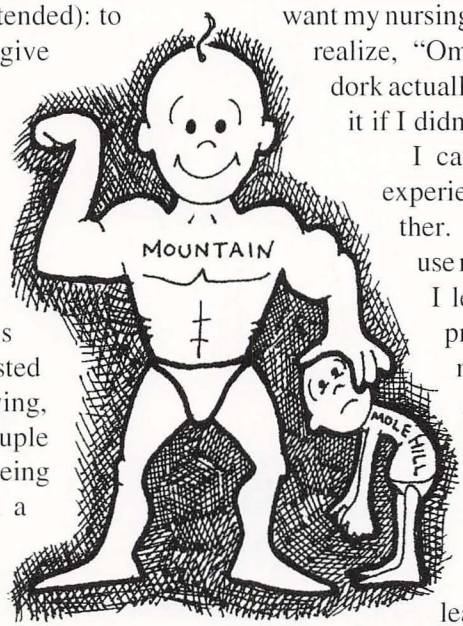
C.J. MILLER©

*Mom of Premature Discordant Intrauterine-growth-retarded Twins

I needed some humor to help me cope with the ups and downs of my complicated twin pregnancy. I searched *JNJ's* annals for something on the subject, to no avail. Thus, this manuscript was born (pun intended): to ease the burden of those in my shoes, to give perinatal and maternity nurses some insight, and to get my name printed in a magazine again.

What are my nursing qualifications for writing this article? Well, it wasn't my nine days of LDRP rotation in nursing school in 1985, which was the last time I had anything to do with a uterus that wasn't mine. Those nine days consisted of watching a baby being born and saying, "Gross. So much blood," palpating a couple of uteri, bathing a few newborns and being asked by a real nurse to get a BP on a woman in labor, which I couldn't get.

(I couldn't get much of anything in nursing school, be it a BP, a pulse, or a grade over 75. In fact, do you know why I use my maiden and married names in my *JNJ* byline? I don't use my maiden name anywhere else. I use them both because I want my nursing school classmates to see my name and realize, "Omigosh! That clumsy uncoordinated dork actually passed the Boards? I'd never believe it if I didn't see it in print!")



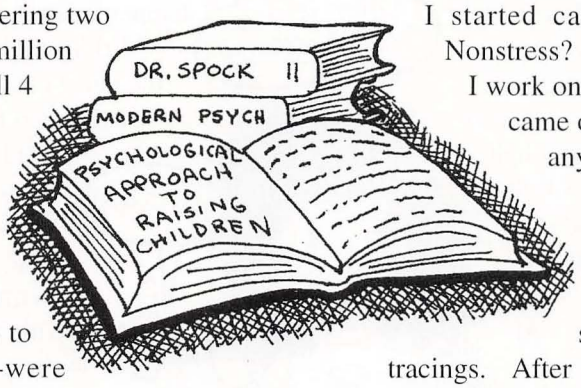
I can't use my med-surg and telemetry experience as credentials for writing this, either. My qualifications for writing this, to use résumé lingo, are my "life experiences." I learned more about high risk/multiple pregnancy in my third trimester than most med students learn in years (about *anything*, if your hospital's med students are like ours).

The trouble began at week 30 when an ultrasound showed Twin A had possibly stopped growing, and was 33% smaller than Twin B. As I learned, twin discordance is not uncom-

mon, but it is a problem if the difference is over 25%.

"We're going to run some tests on you today, and if there's any problem we'll deliver you this afternoon. That little one," I was told solemnly, "is below the 10th percentile on the growth charts."

I tried to talk them out of delivering two very preemie babies attached to a million tubes, I said, standing up to my full 4 feet 11 inches. "So am I!" This did not change their minds. Off we were shipped for testing.



My first nonstress test convinced me that was a definite misnomer. Three very tight Velcro belts—one for each baby and one to measure uterine contractions—were placed over my *already* very tight belly to monitor the babies' heart rates at rest and with movement. (Did I mention they were *very tight* belts?) The babies' heart rates are supposed to accelerate by 20 or so beats per minute after they move, and two accelerations made a passing grade. Big baby passed, but little one flunked. I knew twins have it harder in life because of comparison and competition, but did it have to start in utero?

So off we went for Doppler studies, where placental blood flow was checked and found to be OK. Then came a biophysical profile, where ultrasound monitored the babies for movement, heartbeat, and attempted respirations. Everyone passed that too.

But it was obvious from all the testing that the bigger baby was hogging all the room, while the smaller one was squashed into a very small space.

So, my hyperactive life came to a halt. Complete bedrest was ordered for at least eight hours a day. My major activity now? Nonstress tests twice a week, and, in case of a failed NST, prn Doppler studies and biophysical profiles.

We tried to be lighthearted about it. We were grateful they hadn't had to deliver us that afternoon. Bedrest? Big deal. So I get a forced vacation.

We nicknamed the bigger twin Mountain and the little one Molehill. (Get it? Because we hoped to make a mountain out of the molehill.) We sang to Molehill, to the tune of *Row Your Boat:*

"Grow, grow, grow your bones quickly in my womb. Kick your sibling out of the way and make yourself more room."

The NSTs were our big outings on Tuesdays and Fridays. I was gaining much more weight from the bedrest, so those tight Velcro belts—we called them The Girdles—were getting more uncomfortable with every visit. And I was generally uncomfortable anyway. Mountain was way up north, making it hard for me to breathe. The NSTs took thirty to sixty minutes, and every time I moved to try to get more air, one of the heartbeats would stop tracing. There was no way I could sit still for that long. After the first week I started calling them the Stress Tests. Nonstress? Who are they kidding? Besides, I work on a cardiac floor, so "Stress Test" came out of my mouth more naturally, anyway.

The perinatal nurses doing the NSTs would get irritated (Oops! Nurses don't get irritated.) They were a tad bit upset, because we kept losing the tracings. After two weeks of being called *the hyper one* and getting speeches about patience, I'd had it. As soon as my NST was over one day, I grabbed The Girdles. "Let's see!" I threatened, aiming the belts at the nurse's waistline, "Put two moving watermelons in your belly, lie on your side, and strap three girdles around your waist for an hour. *Then* tell me I have no patience."

I decided, by the way, that those who refer to pregnant bellies as *watermelons* are incorrect. Watermelons don't move. In my case, four arms and four legs were moving around my insides. That's not a watermelon–that's an octopus! (I really had a two-headed octopus, but that's too complicated.)

Mountain and Molehill took turns failing their NSTs. I was sure Mountain was failing because he was jealous of all the attention Molehill was getting. We tried everything psychological trick we knew. First it was positive reinforcement, "Great job Mountain! Keep up the good work. Just give us one more acceleration!" When that didn't work, we tried pure sibling rivalry, "Nyah nyah Molehill! Mountain accelerated twice already and you haven't even done one yet! C'mon, ya lazy good for nothing!"

Neither strategy worked.

My husband, an insurance man by trade, learned how to read the NST monitor strips by the second week. "You're having a contraction, do you feel it?" he'd ask. Sometimes he'd argue with the perinatologist, showing there were two accelerations visible on the strip when the doc said there was only one acceptable one.

I did not let anyone tell me the sexes, but I decided they were two boys. I could not imagine girls giving their mother such heartache. Then again, what about the twenty-nine years of heartache I gave—and am still giving—my mother? Payback time?

A failed NST meant giving my juvenile delinquent another biophysical profile. The technician gives the baby

thirty minutes to move and attempt respiration. During one of these, Molehill actually sat there for twenty-eight-and-a-half minutes doing nothing. The physician was called into the room and everyone was quiet, serious and intently watching the ultrasound screen. You could feel the tension—mine, my husband's, the tech's, the doctor's. I prepared myself for an emergency delivery of a baby in distress.

All of a sudden, the doctor and tech burst out laughing. With one-and-a-half minutes to deadline, the little sneak decided he wasn't really in the mood to be delivered just yet and did everything, all at once, and passed.

I already planned my revenge. At some crucial point in his childhood, I was going to let him cry for twenty-eight-and-a-half minutes before I so much as *glanced* at him.

If the physician felt the kids were just sleepy during the NSTs and only needed some waking up to accelerate, he'd take out the Zapper. It's a hand-held instrument that makes a buzzing noise. When pressed lightly on my belly, it vibrated the amniotic fluid and woke up the babies, shooting their heart rates up 20 to 30 beats for a good few minutes. It was painless, for me anyway. But after a couple of these zapping sessions, watching the effects on my children, I suggested that somebody do a study on the long-term effects of it. Babies frequently zapped should be monitored from age six months to eight years, to see if they hide under the covers or scream in terror every time their daddy turns on his electric razor.

Nobody took up my suggestion.

My mom, 650 miles away, insisted I call with the results of every NST. I'd leave messages on their machine, but my dad always came home from work first. He kept forgetting to tell her the message and she'd be a nervous wreck until she heard it from me personally. I started picturing the day I'd deliver. My dad would tell my mom an hour after she'd get home, "Oh yeah, I forgot to tell you. Bina called. Something about having, uh, two boys. No maybe it was two girls? A girl and a boy? Something like that."

Then there was that horrible, morbid, bloody *ER* episode, *Love's Labor Lost,* about an eclamptic woman. At one point her baby's heart rate plummeted from 150 to 90. The *ER* staff kept paging the OB/GYN residents, with no response. They kept shouting, "Oh I wish those OB/GYN residents would get here already!"

Ever hear of the power of suggestion? I guess Molehill was watching *ER* too, and got some ideas on how to torture his mom. The next morning, his heart rate decelerated from 144 to 90 for about fifteen seconds during our NST. I was thinking, "No way! This can't be happening! This just happened on *ER* last night!" But, it happened. They admitted me for t.i.d. monitoring, to be sure it wouldn't happen again.

Friday night the monitor strip looked good but the nurse needed a resident to check it before she unhooked the girdles. And guess what? The resident wouldn't come. Deja vu? When the nurse said, and I quote, "I wish that OB/GYN resident would get here already!" I nearly fell off the bed. I asked her, my eyes wide in terror, if she saw *ER* the night before and she answered, "Yes," looking puzzled. Then she realized the line she'd just said and burst out laughing, apologizing profusely.

Eventually, the resident did show up.

I didn't want anyone there to know I was a nurse, because (1) I didn't want them to get nervous about caring for one of their own and (2) I didn't want them to think or realize I was incredibly stupid since I knew nothing of maternity nursing. But my doctor wanted to tell them so they'd treat me nicer. "C'mon Bina," she said, "we understand you don't know maternity. We don't know how to read ECGs!" I didn't want to tell her that neither did I (for proof, see the "Guides to ECG Interpretation," *JNJ,* summer 1994 and fall 1995).

We passed all the NST monitoring in the hospital. The hardest part was keeping them tracing. Molehill had moved way down to my bladder and parked himself there. Besides adding to my already frequent need to go, it gave the nurses some trouble when they'd come to hook me up. They'd ask where to put the monitors to get the best tracings. I'd point to Mountain at my LUQ and tell them the other one was in my bladder. "No, really," they'd insist, "where is the little one?" It took a day until they realized I wasn't joking. From then on they'd aim for the bladder and get an instant heartbeat.

That gave me an idea for a name for the kid: Uri (as in U-R-I-N-E). (Well, it's better than Bla for bladder, isn't it?) If by some chance it'd turn out to be a girl, the name Cissy would do, as in Cysto. It also gave me another revenge idea. Some time long after Molehill was fully toilet trained, like in a decade or so, I'd feed him a liter or two of water, lock the bathroom door from the outside, and sit on *his* bladder.

I was in a major depression during my hospitalization. I told my doctor that she'd better send me home or I'd be the only patient on the perinatal unit who needed a psych

consult. I was afraid of Prozac's effect on the babies. And, I showed her there was a window in my room and I was on the third floor. She got the message and sent me home. That the latest ultrasound showed significant growth in both babies helped too.

After six weeks of testing, another ultrasound showed Molehill stopped growing again. An amniocentesis was done to make sure Mountain was stable enough to come out, since Molehill had to come out. It was already week 36, an average delivery date for twins. We went home after the test, awaiting the phone call from the doctor. At 3 pm, the phone rang, and I nervously answered it. "Happy BIRTHday to you!" my doctor sang on the other end. It was going to be that evening. A C-section, since Molehill was breech and Mountain was still way up north somewhere between my chest and my neck.

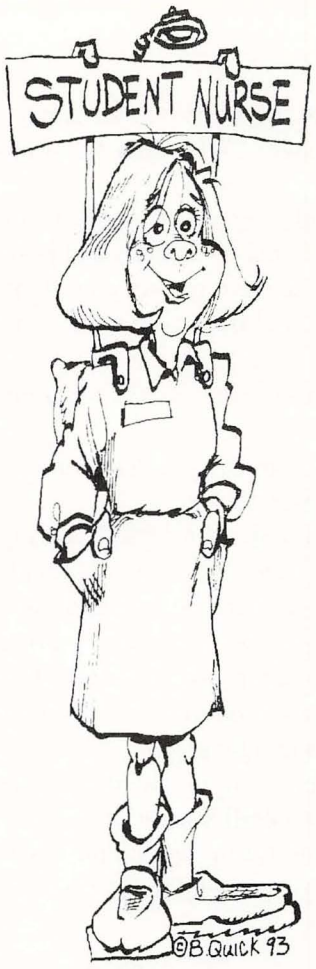
I didn't announce I was a nurse. The admitting nurse was very sweet, asking me the usual questions, telling me, "I'm going to put an intravenous needle in your arm now so we can administer fluids and medications through it," and stuff like that. I nodded and smiled along until she suddenly noticed something in my chart and gave me a look. "You're a nurse!" she said. "Why didn't you tell me?" My secret was out.

"Listen," I said, threateningly, "you start talking to me in nurse-talk about fetuses and C-sections and postpartum stuff, and I'll start talking to you about Lidocaine, V Fib, echocardiograms and cardiomyopathy."

"Deal," she said quickly. I was a patient again.

Well, surprise, surprise, Molehill turned out to be a girl after all. So I guess I *was* getting punished for all the trouble I give my mom. Though Molehill was only 3 pounds 10 ounces, she was otherwise fine, and came home at two-and-a-half weeks after putting on weight and learning how to suck. Her younger brother (by two minutes) was 5 pounds 1 ounce, and came home right away.

Since toilet-training is not in the immediate future, I have not yet sat on Molehill's bladder. On the other hand, having her cry for twenty-eight-and-a-half minutes nonstop is, despite my interventions, a frequent occurrence.



Student Nurse Cut-Ups!

Many Ml

I was assigned to a patient who had just undergone a total abdominal hysterectomy. At the beginning of the shift, my instructor told me to get the numbers off the pump. When I promptly brought the numbers back to her, she looked at me with a confused expression and said, "Where did all these numbers come from?"

I told her. After she finished laughing she explained she neede the readings on the amount of medication that had been infured. Not what I had brought–the serial numbers "off the back of the pump."

Mia Haney, SN

Be Sure to Use Paper

It happened in my first semester in nursing school. The instructor completed a lengthy, comprehensive and incomprehensible lecture on all the various modes of delivery for medications, as well as the proper procedure for each.

Then, a single member of the Nursing Fundamentals class timidly raised her hand. In front of fifty other nursing students, she asked, "But how do you keep a buccal medication attached to the cheek? Do you have to tape it?"

Jim B. Wilkerson

View from Afar

As I was examining the throat of a fellow student, the instructor walked by and asked me what I saw. I identified all the parts of the mouth and then replied that I could also see all of the vulva. She smiled a bit and said, "I don't think you can see quite that far."

I then realized I what I should have said.

Shirley M. Gullo, RN, MSN, OCN

Is There a Procedure for That?

After an entire day of clinical, we were all physically and emotionally drained and acting silly. We were exchanging stories about our new skills, trials and tribulations of the day. Many of us had passed meds, completed dressing changes and had given our first IM or SQ injection. My friend topped us all when he blurted, "I D/Cd a suppository!"

When I was finally able to stop laughing, I asked, "So how long had it been in?"

Laura J. Wrisley, RN

XXX Anatomy

As a student in Anatomy and Physiology, I was chosen to name the bones of the body from head to toe using the skeleton in front of the class. It was obvious I was nervous. When I got to the femur I pointed to the shaft of the femur and said, "shaft of the penis."

Barbara Garcia, SN

Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocularity. Send your funniest true student nurse stories (50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, EdD, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

THE HUMOR OF REALITY

by Pamela D. Korte, RN, MS

One morning in mid-November, I awoke to a very cold house. No electricity. An ice storm had hit in the night. The alarm clock did not go off and I was afraid I'd be late to meet my class to teach clinical at a local nursing home. I called the college and learned it was only five o'clock and that classes were not cancelled.

I took a lukewarm shower and dressed in the dark in my white nursing uniform. After the clinical experience, I had to teach a nursing class on campus. So I packed my bag with a new pair of wool slacks, blouse, matching sweater vest, shoes, and hair dryer.

During pre-conference I always read the students a short story from an inspirational book and give them a quotation for the week. This particular week I felt the students needed to work on finding humor in everyday occurrences. I shared Steve Allen's quotation, "Nothing is quite as funny as the unintended humor of reality."

Clinical went very well that day.

When I returned to campus, I went into the bathroom to change my clothes. I proudly put my new outfit on. As I was zipping up the slacks I wondered what was pulling on the left leg. I looked down at the pant leg to discover the store had not removed the theft detection button.

Class started in twenty minutes. I could not put my uniform back on, since there's a strict policy that uniforms cannot be worn on campus for sanitary reasons. I did not have time to return to the store or go home for a different outfit. So I decided to just wear it and go to class.

I walked into the department secretary's office. She asked why I was laughing and crying at the same time.

I explained about the electricity problem and how I packed an outfit I knew I could put together in the dark. She broke out laughing and asked, "What are you going to do?"

I told her I had to go to class and ignore the button as best I could. I also called the store to explain the problem. The manager told me not to try to take the button off because it would ruin the pants and spray red permanent ink all over me.

I walked halfway across campus with this very obvious button on my slacks. I got all kinds of strange stares. One student asked if this was the latest jewelry style. I simply answered yes with a straight face. Another student said, in earshot, "That professor is weird."

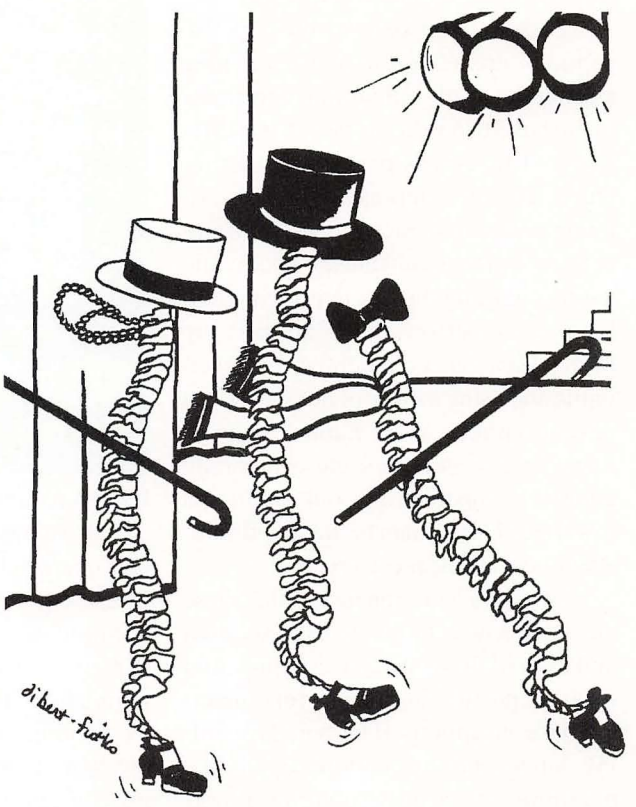
When I got to the classroom I passed out the lecture guide and placed a few notes on the blackboard and adjusted the overhead projector. When I turned around, several students were moving their desks away from me. Finally one student came up and quietly asked, "Do you know you have a big store detection button on your slacks?"

About this time another student raised her hand and shouted, "What store did you steal the pants from?"

The rest of the class chimed in. First, I tried to explain this was the latest style. Then, I told the true story. They laughed and were amazed to discover the professor was a human being, too.

After class I went back to the store to get the detection button removed. I bought the pants about a month before and no longer had my receipt. I wished I could get in without the store buzzer systems going off. The sales person removed the button and apologized for the inconvenience. She gave me a gift certificate for being so good-natured about the whole thing.

As I told my nursing students that morning, "Nothing is quite as funny as the unintended humor of reality." Thanks, Steve.



Spinal Taps

Misconceptions of Humor

By William F. Fry, Jr., MD

Part One of a Three Part Series

Over the years, I have become increasingly distressed by several commonly held misconceptions about humor and laughter. These misconceptions are monstrous and ridiculous distortions. Also, they are spread throughout the world population. Because they are so common, these misconceptions cause significant confusion about the true nature of humor and laughter.

Persons who believe the misconceptions are responsible for creating attitudes towards humor that contribute to the failure to value humor in our daily lives. This causes people to exert intense effort to suppress their sense of humor. The influence of these misconceptions spreads, and these customs and habits regarding humor deprive and inhibit other persons. All humans are born with a genetic potential for developing and using a sense of humor. When misconceptions about humor cause us to neglect or suppress these naturally endowed capabilities, our nature is thwarted. Our human heritage is diminished because of these errors.

Negative consequences like these are sufficient to motivate us to root out and discard these misconceptions. And there are positive arguments for correcting our conceptions of humor. Discarding humor misconceptions opens the possibility of ensuring that the power and richness of humor is not lost to us, either in our day-to-day existence or on those special occasions when humor could add extra value in life. Discarding misconceptions about humor provides us with the freedom to use and enjoy ourselves in ways that are natural to human nature.

There is expanding recognition that errors of perception regarding humor and laughter can produce crucial disadvantage in Health Care, if they inhibit appropriate use of humor as an aid in health maintenance or in healing.

If we pay attention to the presence and character of humor errors, we increase our awareness of other errors in our thinking. This increases our ability to recognize and correct errors of belief: prejudices. This perspective also helps us minimize the impact of the prejudices of other persons. Being aware of misconceptions makes us more able to understand our own thinking habits; it also helps us to understand those of others.

An enhanced capacity for understanding thoughts and attitudes has, of course, an easily recognized importance for all people, no matter what their career or personal activities might be. For those of us in science—especially those in health care sciences—this importance is even greater than usual. During the past two decades, the use of humor mechanisms and techniques in health care fields has been expanding, with greater and greater recognition of the beneficial possibilities. There is expanding recognition that errors of perception regarding humor and laughter can produce crucial disadvantages in health care, if they inhibit appropriate use of humor as an aid in health maintenance or in healing.

Even today, conservatism regarding humor in health care remains evident in many of the health professions. One reflection of this orientation is in the long list of complementary health care procedures compiled and distributed by the NIHAU section on Alternative and Complementary Medical Procedures. Humor and laughter continue to be absent from that list. Some of this professional hesitancy is based on unfamiliarity with legitimate humor roles in health care and enhancement of life quality. But a greater proportion is

Simply Comfortable Really
S.C.R.U.B.S.
Unique Basic Scrubs

When life gives you polyester. . .

CALL S.C.R.U.B.S.®

1(800)878-0008

#7102602

FREE 64 page catalog of 100% cotton prints and solids

Join thousands of other healthcare professionals and bring a little cheer to your patients today. Try us out risk-free (every order comes with a free return shipping envelope enclosed). Simply Comfortable, Really Unique, Basic Scrubs.

CUT ALONG DOTTED LINE

Simply Comfortable Really
S.C.R.U.B.S.
Unique Basic Scrubs
S.C.R.U.B.S.®

❑ Please rush a FREE 64 page catalog to me!
1(800)878-0008

NAME_____

STREET_____

CITY_____ STATE_____ ZIP_____

DAYTIME PHONE( )_____

#7102602

❑ Please send a catalog to my friend:

NAME_____

STREET_____

CITY_____ STATE_____ ZIP_____

DAYTIME PHONE( )_____

#7101899

Simply Comfortable Really
S.C.R.U.B.S.
Unique Basic Scrubs

S.C.R.U.B.S.®

Where 100% cotton springs eternal. . .

Call for a FREE 64 page catalog

1(800)878-0008

#7102602

100% natural cotton softness

No hassle guarantee

Largest monthly selection of vivd prints and solids

Convenient unisex sizing

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 026 SANTEE, CA

postage will be paid by addressee

S.C.R.U.B.S.
8665 ARGENT STREET

derived from persistent misconceptions about humor.

Let's get practical about this problem. To get a handle on these misconceptions, it is helpful to know where one is most likely to meet them. Humor errors can be found almost anywhere. Casual conversations can reflect them. They can be heard during conversations on hospital wards, in professional offices, in lunchrooms and restaurants and coffee shops, at home and at social gatherings. They can be found in mass media. For example, the old line, frequently heard when politicians are being rude to each other, "Can't you take a joke? I was only kidding!" Meaning: "Don't get so uptight. Humor is not important. It means nothing."

The underlying message of this protest is: humor has no importance and should not be given any weight, should not be taken seriously, does not deserve response and perhaps not even attention. A person should be able to say anything or do anything—as long as it is in jest. The message is that humor is a trivial part of our lives.

This is one of the most common misconceptions of humor. "I was only kidding" is a devastatingly eloquent example of how humor is trivialized, and is common to practically everyone's experience. But there are plenty of other examples:

- "Get serious. You'll never amount to anything if you're just going to laugh at things all the time."
- "Pay attention! You'll never learn anything if you take everything as a joke."
- "She never yet was foolish that was fair."
- "Wasting all your time in fun and games!"
- "The loud laugh that speaks the vacant mind."
- "Just fooling around will never get you anywhere."
- "Stop your joking, and get serious. You're wasting our time."
- "There is nothing sillier than a silly laugh."

We have heard these familiar, homey expressions in many different places: at home, in the workplace, on the street, in the mail. Sometimes they have been directed at us, and have had a personal impact. Some specific examples given above are from classic texts and from old literary sources, recognizable by their somewhat stilted language. Whatever the source, all have been taken seriously on many occasions, all have been believed and repeated for ages. All are incorrect, are misconceptions, and are detrimental.

...people find it hard to believe that humor is one of most effective conflict resolution tools available to humans, and it is used consistently in that fashion.

People's actions also trivialize humor. We can recognize this behavior when we see that "serious things" are given priority for attention and respect. Humorous things are treated as if they are amusing and entertaining, but do not deserve significant consideration. For example, people find it hard to believe that humor is one of most effective conflict resolution tools available to humans, and it is used consistently in that fashion. If people were to believe that, they would have to believe humor is important, could save time and energy, and could even save lives. People are usually stunned by the idea, despite the evidence all around us on the power of humor for conflict resolution.

Only a relatively small number of scholarly and scientific studies of humor are funded. Yet there are plenty of humor issues to study. And there are plenty of scholars or scientists to carry out the studies. However, I know several persons have been told they would commit career suicide if they become identified with humor issues or become known as a humor scholar. This sort of slur has recently become less common.

Also, I have heard several stories from persons who braved it out and pursued humor studies at the graduate level. Their proposals were accepted by advisors or applauded by mentors, but turned down by committees or even administrators, because they presented an image of unseemly frivolity—the sort of image detrimental to the institution's reputation. Others do not even get this far, having their initial proposals turned down or discouraged by advisors.

The business of engineers, technicians, legislators, accountants, planners, managers and lawyers almost never involves consideration of humor. Humor has no place in the *real* world. Business used to have a grim face for humor. Levity was okay for the coffee and doughnut corner, but not for the workplace. Yet, in the Board of Directors meetings, where the competitive juices traditionally run quite high amongst the assembled captains of industry, humor frequently is a significant part of the fencing.

The dourness of business has experienced a massive shift during the past decade, actually considering values of humor and giving humor more honor. In many industries, it has recently become a practice to sponsor humor workshops and seminars for employees, so they can learn to use the stimulatory effects, encouraging qualities and conflict resolution capabilities of humor. This trend is desirable, and realistic, but it is still in the middle of the ledger sheet, nowhere near the bottom line.

Humor is rarely mentioned in learned discussions of creativity, of the Fine Arts, of classic values. Humor performances do not get billing in recitals and lectures. Humor is for comedy clubs and casinos, roasts and stag parties. Even within entertainment, humor is considered to be inferior, cruder and less finely orchestrated than drama. Comedians and clowns are not as respected as serious entertainers. Humor-

ists may be respected, but their works are rarely published in leather bindings, with gold leaf on the page edges. Comedy in the theater, in the movies and on TV is commonly regarded as inelegant and perhaps vulgar.

The supposed vulgarity of humor contributes its trivialization. The famous 18th Century English culture critic, Earl Philip D. S. Chesterfield, proclaimed without hesitation, "In my mind, there is nothing so illiberal and so ill-bred as audible laughter." He also stated, "I am sure that once I have had the full use of my reason, nobody has ever heard me laugh." As vulgar as that would be, it certainly would have been trivial and without redeeming social or cultural value. Mirthful laughter has been denounced as rude and impolite, not to be heard in cultured circles.

Despite this, humor and laughter are not trivial, unimportant parts of our lives. They are important and significant. They are not trivial. They are of consequence. They have psychological and physiological effects. Humor and laughter are active in the social and interpersonal lives of all humans. They are well recognized as major social lubricants. They help resolve conflicts, prevent violence and avoid bloodshed. They are also sources of much human entertainment and pleasure, contributing to our joyfulness and happiness.

In face of all these obvious values of humor, why is the tendency to trivialize humor so common, entrenched and persistent? What deeper purpose is served by such a conspicuous error?

This complicated behavior must have more than one source. I have an idea about one important source of this paradoxical behavior. At the 1988 International Conference on Humor Studies, I gave a paper titled *Fear of Laughter* (abstract available upon request to author). I argued that much of the rejection of humor and laughter comes from the exact opposite of what is indicated when a person trivializes humor. I believe the urge to trivialize is based on a fear of the power of humor, rather than a true and full belief in its ineffectuality. Humor and laughter are powerful and important elements of life. I see fears and uneasiness about that power as sources of trivialization. Fearfulness is diminished by creating the impression it's all a delusion, humor isn't really that powerful. Fearing the power stimulates people to think of humor as a triviality, a whimsy, a trifle. We can laugh at laughter and chuckle humor away.

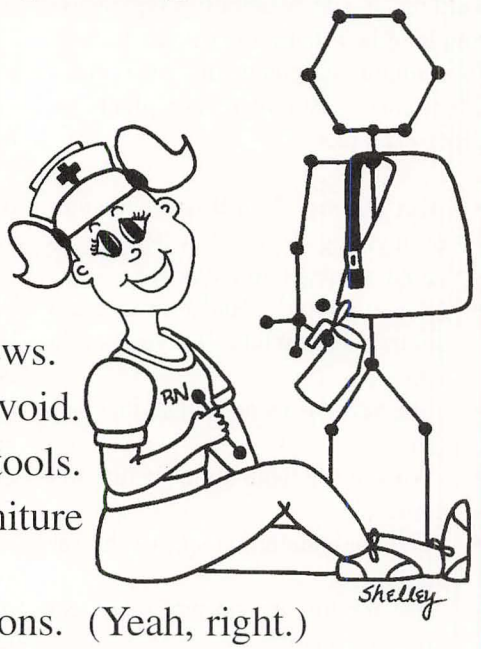
How ridiculous! What funny creatures we humans are!

William F. Fry, Jr., MD is the granddaddy of laughter research in the area of physiological response. He has been researching humor since 1953. He is Professor Emeritus of Stanford University School of Medicine. For more insight into the author of this three part series, see: Wooten, P. (1994). An interview with William Fry, Jr., MD. Journal of Nursing Jocularity, 4(2), 46-47.

Top 10 Reasons to Become an Orthopedic Operating Room Nurse

by Michael Roth, BS, RN, CNOR

10. Lead looks good on you.
9. You always wanted a Tinker Toy set.
8. You love the smell of that bone cement.
7. Fracture tables are the marital aid of the 90's.
6. You want to hang your pictures with $400 screws.
5. You want to know which new sports craze to avoid.
4. Your husband won't let you play with his power tools.
3. You can always have a second career as a furniture mover.
2. Sweet, polite, caring and complimentary surgeons. (Yeah, right.)
1. To experience the challenge of eight different systems and forty instrument pans to perform an ORIF of a toe.



Helpful Hints for Chronic Care Nurses

by Christine Stephens, RN

After fifteen years of working in the trenches of Chronic Care Nursing, I have identified many patterns that can be helpful in predicting future occurrences. Here are some hints for others new to the field:

- When stripping a bed, there will invariably be a surprise package in it. Wear gloves.
- Armpit odor will linger on your forearm for two days. Drape a towel over your arm before you lift your patient onto the shower chair.
- Bleach helps remove BM from under your fingernails. (See above)
- Always avert your face when disconnecting any type of urine tubing. Droplets will flick in your direction.
- Dear, sweet Granny will drool on your shoulder while you lovingly help her pivot into bed.
- When you turn patients over to wash their backs and bottoms, expect a release of gas.
- During your career in Chronic Care Nursing, you will be called a whore (and many other choice words) in at least six different languages.
- Your unit will always have at least one finger paint artist whose favorite color is brown.
- That same patient is usually the one who loves to hold your hand and pinch your cheek.
- The patient you just meticulously groomed will have a messy accident just as his son, a prominent lawyer, walks in.
- The newer and more expensive your uniform is, the greater the chance pureed spinach will be sneezed onto it.
- Cups of OJ with Peri-Colace mixed in will be flung at you with great regularity.
- Never buy work shoes that cannot be thrown into the wash with copious amounts of bleach.
- The biggest complainer on your unit will have a daughter on your hospital's Board of Trustees.
- While the Nurses' Aides have gone on break and you are passing meds, at least six patients will urgently need to be helped to the bathroom. Simultaneously, your supervisor and at least two physicians will appear.
- The MOM you gave, hoping it would kick in on the next shift, takes effect the next day, when you are in the previous situation.
- Yes, you too will come face-to-face with an exploding colostomy bag.
- By the time you retire, you will become an expert translator of gibberish in multiple languages, including Physicianese.
- Disasters come in clusters. Always have several incident report forms, death certificates, lab forms, straight-cath kits, suction machines, x-ray requisitions and suture kits ready before you begin your shift.
- The family that only visits once a year will find it absolutely incomprehensible that their Mom with Alzheimer's doesn't recognize them, but she just loves you and the rest of the staff.

Polly-Wolly Piddled
(to the tune of Polly-Wolly Doodle)
Joan Given RN, MSN and Jo Newman, RN, BSN, FNP

Oh, she took her Lasix and Dyazide
And Polly-Wolly piddled all the day.
Oh, she was retaining fluids 'till she took furosemide
And Polly-Wolly piddled all the day.

Po-tas-si-um
Po-tas-si-um
She lost more of it every day.

So she has OJ and bananas
When she puts on her pajamas,
And Polly-Wolly piddles all the day.

ER Nurse's Lament
(to the tune of "Let it Be")
by Valerie Lyttle, RN, BSN, ONC

When I find myself alone at triage
Whining dirtballs come to me,
Seeking easy answers, not from me.

They come in twos or maybe threes.
Fevers, sore throats or sprained knees,
Wanting drive-through service, for no fee.

"How long, how long, how long nurse will it be
Until I see the doctor, for me?"

"I've been here almost a whole hour."
"Why's he gone ahead of me?"
"I'm the sickest one here, can't you see?"

The phone just will not stop its ringing.
I can't even stop to pee.
Now a family plan's here, God help me.

How long, how long, how long will it be?
Oh God, let things slow down, is my plea.

Forgetful
(To the tune of Where, Oh Where, Has My Little Dog Gone?)
Nancy Leone, RN

Where, oh where, has my stethoscope gone?
Oh where, oh where can it be?
It's missing an ear thing and permanently bent;
Oh where, oh where can it be?

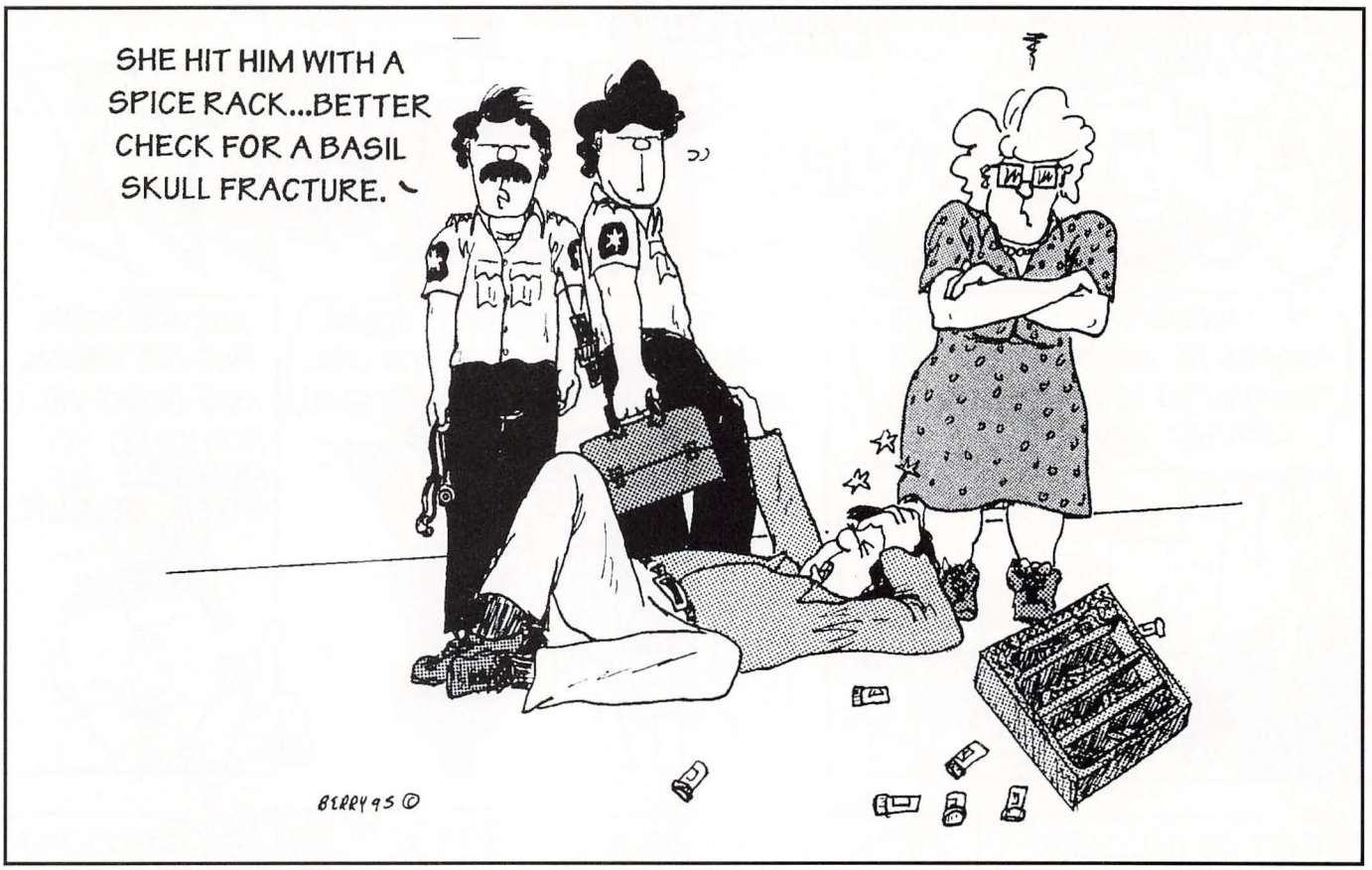
Revenue
(to the tune "Yellow Bird")
Mark Duchow, RN, BA

Revenue, comes from Swan-Ganz in ICU.
Revenue, comes from art lines and ventilators too.
Lasix and lidocaine, Nipride and dopamine
All bring the money in, wouldn't it be a sin
If everybody knew to demand no code blue?
So much better for you.

Revenue, it's the theme song of ICU.
Revenue, comes from peritoneal dialysis too.
Stick the trochanter through, into the belly, do.
Pour the solution in, costs more than Gilbey's gin.
Now let it all run out and all raise up a shout
As dollars come pouring out.

Revenue, oh tell me what more can we do?
Revenue, yellow stickers are such a great tool.
How many dimes can we charge for the times that we
Insert a catheter into a him or her?
It's elementary, the money's in telemetry
Even when there's no one to see.

Revenue, revenue, revenue . . . (fade out)



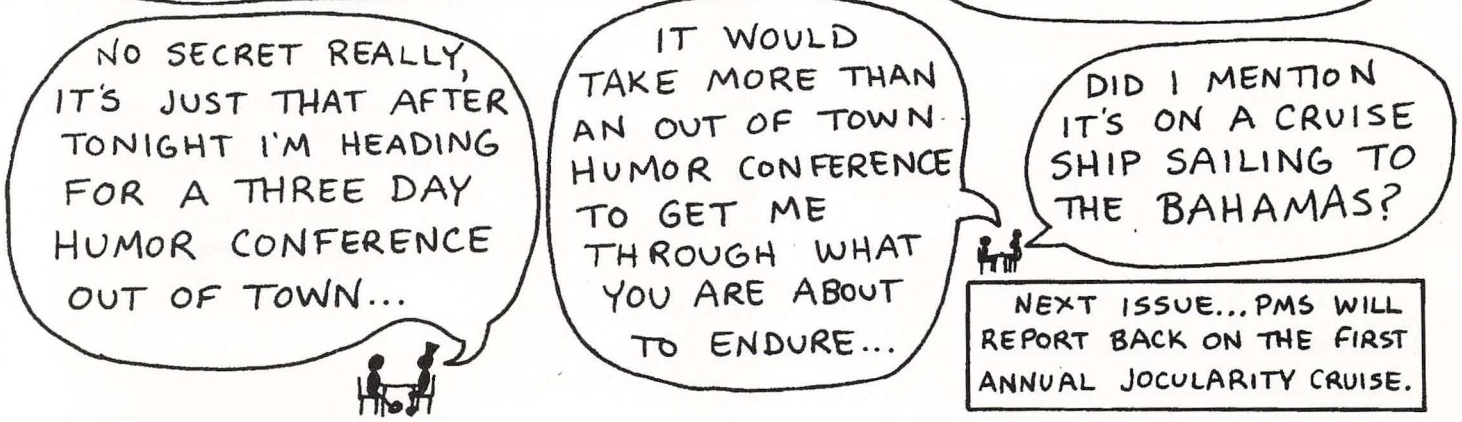

© 1997
B. Quick's Hospital
Culture and Sensitivity
THE PAINTERS ARE FINISHED WHITE-WASHING THE HOSPITAL SO BEGINNING TOMORROW THE NEW NURSING DRESS CODE GOES INTO EFFECT.
FOR PROFESSIONAL AND SAFETY REASONS NURSES WILL ONLY BE ALLOWED TO WEAR WHITE TOPS, WHITE PANTS AND WHITE SHOES!
NURSING SCHOOL PINS AND HOSPITAL NAME BADGES WILL BE PERMITTED BUT ABSOLUTELY NO OTHER JEWELRY! NONE...
EXCEPT ON HALLOWEEN! IT'S OKAY IF YOU WEAR LITTLE GHOST AND GOBLIN PINS. PUMKINS AND BLACK CATS ARE COOL TOO!
STARTING TOMORROW ANYONE THAT VIOLATES THE DRESS CODE WILL BE TERMINATED... IS THAT CLEAR MARY! LOSE THE NECKLACE OR ELSE!
AND SO THE NEXT DAY
PERFECT. NOW THE UNIFORMS MATCH THE FRESHLY PAINTED WALLS.
JUST ONE MINUTE! YOU'RE WEARING A PIN. THAT'S AGAINST THE DRESS CODE POLICY. YOU'RE FIRED!
LOOK AT HER! SHE'S WEARING A PIN!
THAT'S HER PROFESSIONAL NURSING PIN FROM THE KEVORKIAN SCHOOL OF NURSING. BESIDES WE LIKE HER!
NOW TAKE A HIKE!
BEFORE I LEAVE LET ME INTRODUCE YOU TO MY FRIEND. HE'S A LAWYER FROM THE ACLU. DID YOU NOTICE HIS PROFESSIONAL PIN?! I'LL BE SEEING YOU LATER!
OUT OF COURT SETTLEMENT

THE ADVENTURES OF

P.M.S.

THE P.M. SUPERVISOR

By C.J. MILLER



NEXT ISSUE... PMS WILL REPORT BACK ON THE FIRST ANNUAL JOCULARITY CRUISE.

Back Issues

Vol. 1, No. 1.-Spring 1991
OB: Progressing from Front to Back · Disease of the Month Club · Sadistics · How to be a Crack ICU Nurse · How to Read Nursing Employment Ads · Space Alien Abduction Disorder · Nurse's Car Shopping Guide · Addendum to DSM III-R · 44pp., $5.00ppd. Soon to be a collectors item!

Vol. 1, No. 2.-Summer 1991
Whinorrhea · Real Reasons Nurses Call in Sick · Toxic Sock Syndrome · En-Clux Test-Bored State of Nursing Review · The Confusion-ometer · Ninja School of Nursing · Communication Skills: Improving Guest Relations · The Humor Basket · Today's Nursing Fashions. 44pp., $5.00ppd.

Vol. 1, No. 3. -Fall 1991
Wild Bill · Bob's Discount Hospital · Gauze · That was No Body, That was Grandma · You Know It's Going to be a L-o-o-o-ng Shift When . . . · Notice of Nursing Vacancy · Arrogant Physician Disorder · Fables from the Forties and Fifties- Peg Redecorates · 44pp., $5.00ppd.

Vol. 1, No. 4. -Winter 1991
The Bag · Intravenous Therapy · School Nurse · Horoscopy: The Horoscope for Nurses · Beeper Toxicity · More How to Read Nursing Employment Ads · My Favorite Holiday · The Adventures of PMS: The PM Supervisor · Eastside Communique · Creating a Comedy Cart. 44pp., $5.00ppd.

Vol. 2, No. 1. -Spring 1992 - SOLD OUT

Vol. 2, No. 2. -Summer 1992 - SOLD OUT

Vol. 2, No. 3. -Fall 1992
Cerebral Edema Type II · Today's Nursing Fashions · A Portrait From Johnny Yuma · DSM-IV: A Preview for Nurses · Erickson's Developmental Stages Applied to Nursing Research · Fool's Rules · Kidd Knee and Cysto · The Olympic Athletes of Mill Town Memorial · Bedpan Blues · Humor in the Hills, 44pp., $4.50ppd.

Vol. 2, No. 4. -Winter 1992
Cancer Prevention - A Female Perspective · How to Read Nursing Employment Ads · New Gadgets for the 90's · Care of the Unconscious Patient · Stethoscopes R Us · More Real Reasons Nurses Call in Sick · Forbidden Humor is Not Necessarily Negative Humor, by Dr. Christian Hagaseth III · Send in the Clowns! Part I, 44pp., $4.50ppd.

Vol. 3, No.1.-Spring 1993
Emergency Department Baseball · Mendy's Laws and Rules of Disorder for Nursing · Insurance Alert · How Humble are You? · Bedside Bird-Watching · Nursing School vs. "Real Life" Nursing · Immediate Nursing Action · Guidelines for ACLS · Humor, Laughter and Tears, 44pp., $4.50ppd.

Vol. 3, No.2.-Summer 1993
Which Way to the Hospital? · Silly Superior-ISMS · Why Are Computers Better Than Sick Folks? · Behind the Scenes at a Long-Term Care Pharmacy · Iso-Suit · Emergency Stat: Nintendo Overdose · Meet Mr. Nightingale · I Love Being a Mommy · Student Nurse Cut-Ups, 44pp., $4.50ppd.

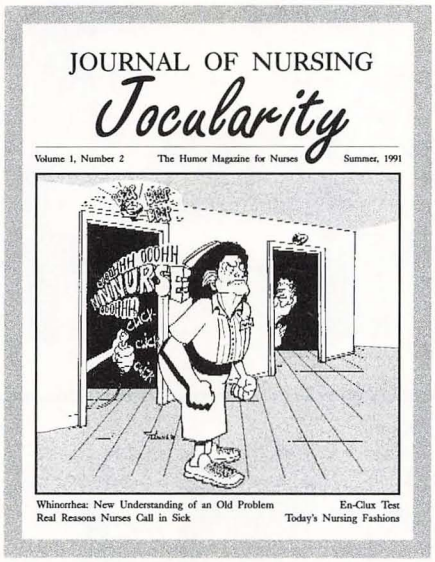
Vol. 3, No.3.-Fall 1993
The Dogs and Cats of Healthcare · Why? · 12 Step Nursing School · Faculty Beware · So What Really Made You Become a Nurse? · Three Cheers for the Health Care Team · Are You Ready For The 90's · Knight, Knight · Nursing Lingo · Out of My Class · Jest For The Health of It! _ Physician, Tickle Thy Comrade, 44pp., $4.50ppd.

Vol. 3, No.4.-Winter 1993
The Ideal World of Nursing · Passages · 'Twas the Day Before Christmas · Nurses of Infamy · Broken Heart Syndrome · Read My Lips · Seasonal Depression Related To Lack Of Christmas Spirit · The Art of Pen(light)manship · Liven Up! Fun for Folks at Work · Jest For The Health of It! - Making Humor Work, 44pp., $4.50ppd.

Vol. 4, No.1.-Spring 1994
How to Be a Crack ER Nurse · A Specimen From Barney · The Lighter Side of Death and Dying: Listening for Laughter · Flatometer II · The Midnight Ride of Nurse Revere · Thoracic Park · What the Interviewer Really Meant... · The Inevitable Questions · New Nursing Gadgets for the 90's, 48pp., $4.50ppd.

Vol. 4, No.2.-Summer 1994
Tern Migration · Laws of the O.R. · Crash Course from the Crash Cart · Totally Informed Consent · Betty the Bully · Guide to Choosing Nursing Education Program · The Nurses' Guide to ECG Interpretations · Things They Never Taught You in Nursing School · The Stages of Laughter, 48pp., $4.50ppd.

Vol. 4, No. 3.-Fall 1994
In the Dark in ICU · A Nurse is a Nurse · The Autopsy · Charting Bloopers · Romancing the CVP · ICP Monitoring Insertion Kit · Administrative Aptitude Test · Nursing Diagnosis Experience · You've Been a Nursing Student Too Long When... · Incident Reports: Psych · Do You Have a Sense of Humor · Rockin' Cancer's Blues Away, 48pp., $4.50ppd.



Vol. 4, No. 4.-Winter 1994
A Visit From Saint Nicholas · Combating Inspection Anxiety · Rules of ER Etiquette for Patients and Visitors · Nursing Questions That Can't Be Answered · Immediate Nursing Action · Horo-scopy: The Horoscope for Nurses · The Nursing Channel · Choosing to be Amusing, 48pp., $4.50ppd.

Vol. 5, No. 1.-Spring 1995
So You Want to Be A Nurse Executive · Ode to Swan Ganz · Maimography: The Pancake Pose · Seven Theses for Reform · Images of the Perfect Nurse · Mental Health Days · Healthcare Movie Ratings · Code Brown: Are Your Prepared? · Laugh and Learn: Humor in Nursing Education, 48pp., $4.50ppd.

Vol. 5, No. 2.-Summer 1995
Reclaiming Your Inner Pup · The Sea Witch · Mental Health Nursing · Confessions of a Camp Nurse · You Know the Bureaucracy Has Gotten Too Big When... · Patient Transfer Quiz · Medical Mutants · Environmental Unconsciousness: IV Tubing · Discharge Planning Made Easy · Starting a Humor Cart, 48pp., $4.50ppd.

Vol. 5, No. 3.-Fall 1995
Out in the Code · Reality Check for Nurses · The New Nurse's Guide to ECG Interpretation · Organ Talk · Hospitals: What's in a Name · IV Starts · Drugseekers: What We Can Teach Them · You Might Be a Gomer If... · Grandma Wears Combat Boots · Looking for a Job · Velcro in Psychiatry · How to Irritate a Nurse , 48pp., $4.50ppd.

Vol. 5, No. 4.-Winter 1995
My Glove is Quick · P.A.C.U. · Maladies, Mishaps and Muck · EKG with Aberrancy · Getting What You Wish For · Almighty Source of Healing · Personality Plus! · Don't Ask Me, I'm Just a Shepherd · An Axe Job? · The Phenomenon of Anal Varicosities · JNJ Grows Up! · I've Read About It... · Health Care Reform, 48pp., $4.50ppd.

Vol. 6, No. 1.-Spring 1996
Tube, Lavage, Charcoal · Profile of an Emergency Room Nurse · Inevitable Outcomes in Home Health Nursing · Surgical Nursing · Cruise to the Islet of Langerhans · If Nurses Did Nursing the Way Doctors Do Medicine · New Gadgets for the 90s · The Nursing Diagnosis and Treatment of Death · The Truth About Condom Catheters, 48pp., $4.50ppd.

Vol. 6, No. 2.-Summer 1996
The Nurses's Bladder · Nursing Admission Note · Clinical Ladders: Giving Nurses a Step Up · How to Interpret Nursing Performance Evaluations · A Day in the Life of a Burn Nurse · Nurse and Infant Devlopment · Nursing's Own Bell Curves · Findings of a Documentation Review Nurse · Is There a Nurse in the House?, 48pp., $4.50ppd.

Vol. 6, No. 3.-Fall 1996
The Adventures of Indiana Bones · Infection Control Imponderables · My Nine Year Dissertation Pregnancy · Top Ten Work Avoidance Techniques · You Know Your Patient Needs a Psychiatric Consult When... · Lost in Loganville · Confessions of a Fossil · Outbreak of Neisseria Gonorrhea · Being Funny on Purpose · Medical Abbreviations, 48pp., $4.50ppd.

Vol. 6, No. 4.-Winter 1996
Change · 'Twas the Night Before Christmas · Assumptions · The Confetti Egg Kid · Pre-Op Instructions as Our Patients Hear Them · Nurse TV - What a Concept · Christmas Turkeys · A Little Bit of Knowledge Can Be Dangerous · Get Your "Act" Together and Set the Stage for Jocularity · Come in · Top Ten Excuses to Call in Sick, 48 pp., $4.50 ppd.

Vol. 7 No. 1. -Spring 1997
Haggling for Health Care · 'What Type of Nurse Are You? · You Can Never Be Too Safe · Who Was That Masked Man? · Prepping for JCAHO · The Charting Hour · The Bad Shift · Humor Therapy for Culturally Diverse Psychiatric Patients · When You Call a Nurse for Advice · Troll-Treating in the ER · Daily Weights, 60 pp., $4.50 ppd.

Special Discount! Buy four or more issues, and they are only $4.00 each, postage paid. Limited supplies of some issues, so DON'T WAIT!

Make checks payable in U.S. funds. For Canadian & Foreign Sales, add $1.00 per magazine for additional postage, maximum $4.00.

Back issue sales are handled separately from subscription sales. To speed delivery, please send all back issue requests to:

JNJ Back Issues
P.O. Box 40416
Mesa, AZ 85274

Nurses' Wordfind

by Michelle Gizzi, RN, BSN

C S T E T H O S C O P E R A T I O N P O T
H T N E D I S E R Z R F T O L O R E Q U C
A A A L K E O F G L E B D R F H D B J L A
R P N N P R M T C V O X Z T A A E U C E R
T L G I E K M A C O P Q S A E U R L W Y A
I E A D G S E R U T U S J N M P S I S V T
N S Y A C B T C D E I F P G H I J Z K L A
G B H R M N O H P S Q A S T U V W E D O C
X Y U I Z A C E E C I D E P O H T R O F H
J B L N F N P R Q S S U W U Z A D H L P T
S E X B F T U K O E I S W S U R G E R Y S
R D A E X I D N E P P A I M R Q U Y P E U
O R Z B D A D E C S N F E H I G J O I L O
T E D S L K N G M I P E O R N R C Q I O N
C S S G T V U Y X S W Z E S E S R U N F E
O T Y N C T F X I L O C R L O U Y X J A V
D N D U G R J O M P N S V D P Y M B E E A
H E K L N A M Q S A W Z N C F S O I C L R
O V R P U E T A C I D E M A D G T B T C T
L V T A C H T V D U S T Y G I Z S M I C N
H E L L E B C C B S L A T I P S O H N J I

Here are 49 words used by nurses. See how many you can find! Remember that words can be found horizontally, vertically and diagonally, and can be spelled forward or backward. Good luck! Solution on page 50.

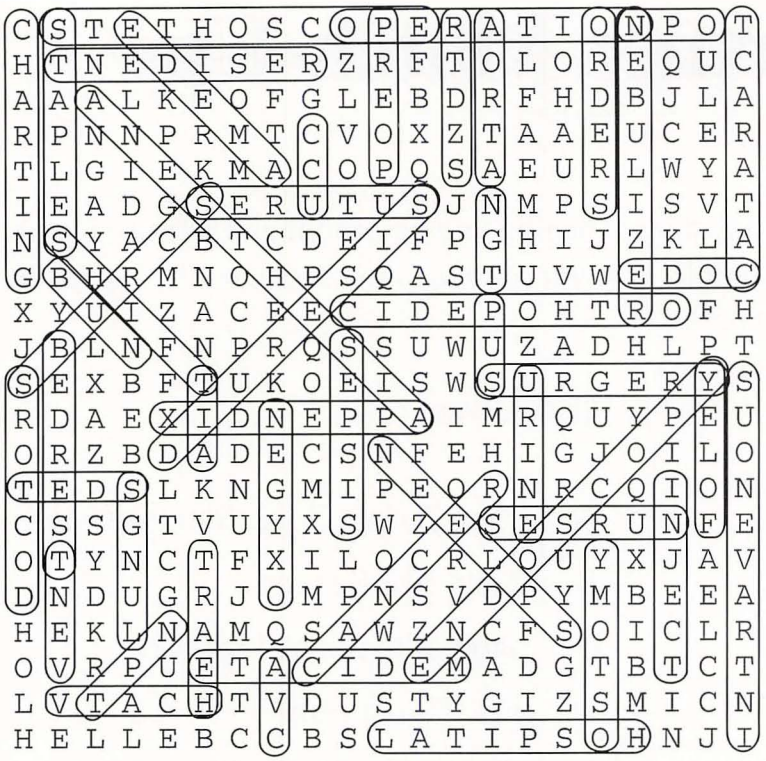
Anesthesia
Aorta
Apnea
Appendix
Bedrest
BUN
Cancer
Cataract
CCU
Charting
Code
CVA
Diuresis
Doctors
Edema
Endoscopy
Foley
Heart
Hospital
Inject
Intravenous
Lungs
Medicate
Nebulizer
NGT
NPO
Nurses
Ostomy
Operation
Orders
Orthopedic
Oxygen
Pre op
Pus
Resident
Scrubs
Sepsis
Shift
Spleen
Staples
Stethoscope
Surgery
Sutures
TEDS
TIA
TPN
Urine
Vent
V-tach

Health Care Partner Match-Ups

by Frances Kiefer, RN, MSN

Here is a list of possible office partners in a reshaped health care environment. Try to match the specialist with the care offered. Example: *Otolaryngologist—Veterinarian* would be *Necking and Petting care*. Solution on page 50.

Practitioner/Specialist	Care Given
1. Surgeon—Otolaryngologist	A. Here Today, Gone Tomorrow care
2. Psychiatrist—Veterinarian	B. Salty Nut Bar care
3. Navy MD—Psychiatrist—Prison MD	C. Plop, Plop, Fizz, Fizz care
4. Neonatologist—Navy MD	D. Cut Throat care
5. Burn Specialist—Veterinarian	E. Guide Dog for the Blind care
6. Podiatrist—Psychiatrist	F. Athlete's Foot care
7. Pain Management MD—Orthopedist	G. Daffy Duck care
8. Surgeon—Same-Day Outpatient Surgeon	H. Short cut care
9. Rent-A-Doc MD—Pathologist	I. News Anchor care
10. Geriatrician—MASH 4077 MD	J. Pin Head care
11. Rhinologist—Weight Loss Specialist	K. Skin of your Teeth care
12. Dermatologist—Dentist	L. Hot Dog care
13. Acupuncturist—Neurosurgeon	M. Corn Dog care
14. Two Proctologists—Two Pulmonologists	N. Corn Flake care
15. Neurologist-Ophthalmologist	O. Aching Back care
16. Medical Quack—Dentist	P. Cut to the Quick care
17. Sports Medicine MD—Podiatrist	Q. Olds-Mobile care
18. Chief Resident—Veterinarian—Ophthalmologist	R. Shakes-Peare care
19. Podiatrist—Veterinarian	S. Odor Eater care
20. Pediatrician—Surgeon	T. False Teeth care



Health Care Partner Solutions

1.	D.	11.	S.
2.	G.	12.	K.
3.	B.	13.	J.
4.	I.	14.	C.
5.	L.	15.	R.
6.	N.	16.	T.
7.	O.	17.	F.
8.	P.	18.	E.
9.	A.	19.	M.
10.	Q.	20.	H.

NEXT ISSUE

You Know Your Hospital is Practicing Managed Care When . . . by Harold Stearley, RN, BSN, CCRN. Not sure if The Change has hit your hospital yet? Here's how to tell.

Physician Personality Types by Steven Schweon, BSN, RNC. Offering official labels for those doctors who lump into recognizable clusters of characteristics.

Upright Posture in Syncopal-Induced Facial Injuries: Correlations with the TKE Inebriation Scale by Sarah J. Perry, RN, CCRN, MA. Scientific proof: Drunk people fall down and hurt themselves.

Per Diem in Applied Pediatrics by Christine Stephens, RN. Many common disorders you encounter at the hospital take on new meanings when you're raising a pack of kids.

Instructions for Nursing I Exams by Brigid Nave, SN. If you don't read the directions before you take the test, you may put yourself and others at risk.

Glossary of New Health Care Terms Or What They Mean When They Say . . . by Janet Rosen, RN, BSN, PHN. Keep up on the latest jargon.

Nurses Unravel Mystery of Closet Disorder by Dianne Brownson, RN. Is it the manufacturer, or is the problem some sort of closet contamination?

Womb Service, Please by Janet Rosen, RN, BSN, PHN. One nurse's response to a hysterectomy.

Humor as a Butterfly by William F. Fry, Jr., MD. Another misconception about humor.

JOURNAL OF NURSING Jocularity

Give yourself permission to laugh about this wild and crazy profession. Give yourself a treat. Don't miss a single issue of the **Journal of Nursing Jocularity**, one of the fastest growing nursing journals around.

"One of the 10 Best Magazines of 1991. A wild sick magazine that deserves immediate attention." ***Library Journal, April 15, 1992.***

Subscribe to The **Journal of Nursing Jocularity** today!

Subscription Rates

USA	1 Year	2 Years	Canada , Mexico and Foreign	1 Year	2 Years
	$14.95	$25.95		$18.95	$29.95

Enclosed is my check or money order (**U.S. Funds Only**) for $_____

Name _____ ☐ 1 Year Subscription

Address _____ ☐ 2 Year Subscription

City/State/Zip _____

The Journal of Nursing Jocularity makes a great gift!
Please send a gift subscription to:

Name _____ ☐ 1 Year Subscription

Address _____ ☐ 2 Year Subscription

City/State/Zip _____

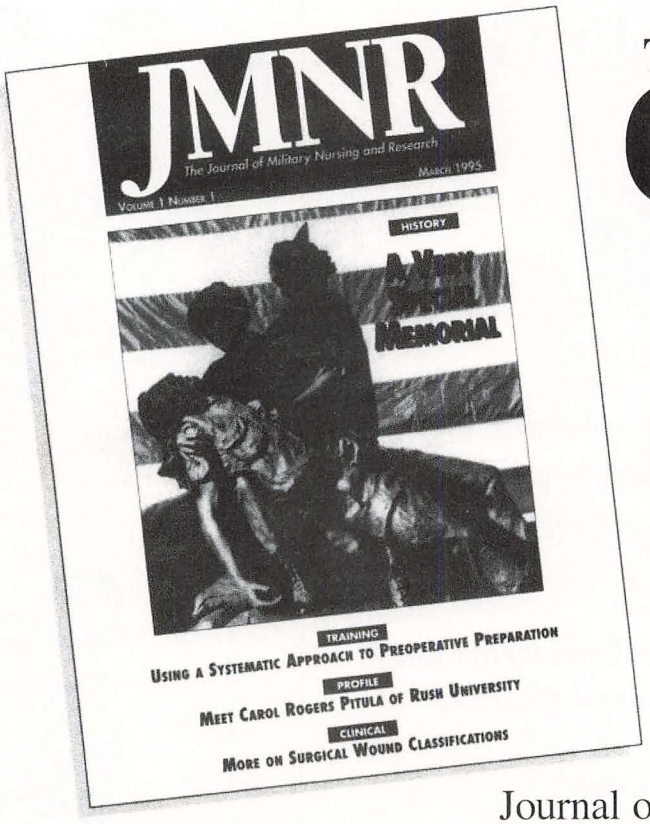
Gift from _____

Because the JNJ is mailed in bulk to keep our costs (your subscription price) down, we are unable to start subscriptions with back issues. The JNJ is published quarterly (February, May, August and November) Your first issue may take up to 12 weeks for delivery.

Return to:
JNJ Dept. JNE7
P.O. Box 40368
Mesa, AZ 85274-0368

Use Coupon or Duplicate

Subscribe Today!



The ONLY Journal for Military Nursing Professionals.

Critical care, occupational health and emergency room nurses have their journal. So do nurse educators, nurse managers, and nurse practitioners.

Now you have a journal too. JMNR - Journal of Military Nursing and Research.

JMNR is a publication which will define and serve the highly educated and technically specialized and proficient military nursing professional.

Yes, please send me a quarterly subscription to: JMNR: Journal of Military Nursing and Research - ISSN 1070-4329. ○ $29.95 Individual ○ $49.95 Institution

Name: _____ **Title:** _____

Company: _____ **Phone # (** ___ **)** _____

Adresss: _____

City: _____ **State:** _____ **Zip:** _____

○ **MC** ○ **Visa Card #** _____ **Exp. Date** _____

Signature: _____ **Date:** _____

Mail or fax this coupon to: JMNR: Journal of Military Nursing and Research
7145 S. Maplewood Ave., Chicago, Illinois 60629-2045
(800) 779-JMNR Fax (312)-476-3259

JMNR™ Journal of Military Nursing and Research

Journal of Military Nursing and Research

Classified Advertising

The Journal of Nursing Jocularity reaches 20,000 paid subscribers each issue. With over 4.4 readers per magazine, your classified ad will reach over 80,000 nurses. Closing dates are: Spring issue, December 20: Summer issue, March 20: Fall issue, June 20: and Winter issue, September 20. Rates: $5 per typed line or $35 per column inch, 7 line minimum. Approximately 30 characters per line. All classified ads must be paid in advance. No proofs will be provided. The publisher cannot accept responsibility for content of advertising. Contact: Cindy Jones, Advertising Sales Director 817-447-2505, FAX 817-447-2670, email 105057.24@compuserve.com

Education

CALL FOR PAPERS
AATH's 10th Year Anniversary Gala Conference
Topic: Managed Laughter - Capitalizing on Therapeutic Humor
Date: Jan 31 - Feb 1, 1998
Members & professionals are invited to submit an abstract of a paper or presentation. The conference tuition will be waived for presenters. Submission deadline is May 16, 1997. For details contact:
Dr. Ed Dunkelblau, #102, 640 Pearson St., Des Plaines, IL, 60016 (847)803-6166.

2nd Annual Jocularity Cruise departs from Cape Canaveral, Florida and sails to the Bahamas, October 2 - 5, 1997. Come join us on athree-day cruise filled with fun, sun and loads of great food all while earning nursing CEUs! What are you waiting for? Call 602-835-6165 and sign up today.

Miscellaneous

You need a NURSE to Save Your Life!! Gold heart shape pin - approx. 1" — $5.00. Satisfaction guaranteed. Gayle Lamey, *L.W., W.M., DGF *(Loving Wife, Wonderful Mother & Darn Good Friend). 805 Valley Vista Dr., Benton, Arkansas 72015

PETER ALSOP'S

Laughter that heals! Award winning kids' songs. Build self worth. Fun for kids, parents, & professionals.

FREE BROCHURE
(800) 676-5480

Books

"Eat Dessert First"
"Super Humor Power"
"The Art Of Mixing Work & Play"
"Remarried With Children"
4 Popular/Useful Books for your humor library.
By Steve Wilson, Psychologist & Joyologist.
Reference, Cheer, Informative.
Don't Postpone Joy!
Order today for JNJ reader discount!
FREE brochure
1-800-669-5233
VISA-MC

Journals

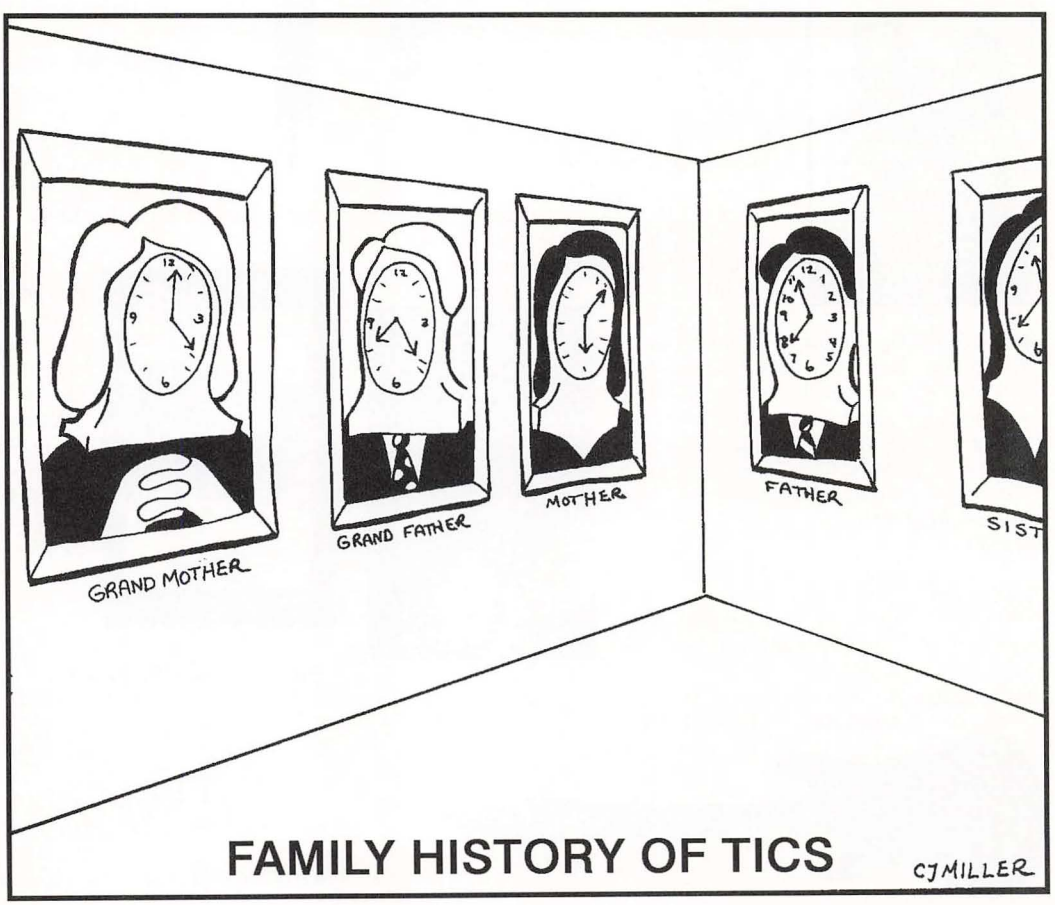
Humor & Health Institute and Journal - Dedicated to humor and communicating its relationship with health. For free info pack write: H&H, POB 16814, Jackson, MS 39236-6814; (601)975-0075.

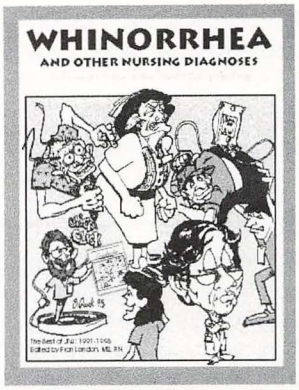
Catalogs

The Jocularity Catalog is THE Humor Resource for Health Professionals offering such items as therapeutic humor books, rubber chickens, mugs, T shirts and much, much more! Call (602)835-6165 for your free copy or ask for one by Email, 104645.2764@compuserve. com.
http://www.jocularity.com

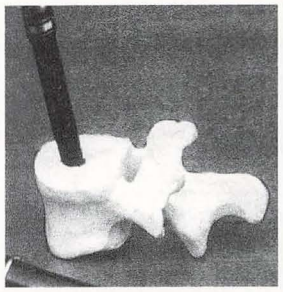
STEP RIGHT UP! The Sears Drug Catalog of 1904 will cure your kidneys with asparagus, treat your addictions with opium, and may have you waxing romantic about the FDA. Perfect for a bathroom near you! $8.50 post-paid from The Animating Apothecary, 201 Arcadia Blvd, Battle Creek, MI 49017

Earth Care Paper Inc.
This company's wonderful catalog is full of fun stationary, wrapping, greeting cards, and other stuff. The best part about it is, it's all from recycled paper. For a catalog, write to, Earth Care Paper Inc., P.O. Box 7070, Madison, WI 53707





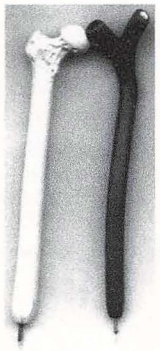
Whinorrhea and other Nursing Diagnoses. This book is the best of the Journal of Nursing Jocularity's first three years. Over 200 pages of hilarious stories and sidesplitting cartoons. This book is the perfect gift for any nurse on your list. BK018BOB Whinorrhea and other Nursing Diagnoses. $18.95. If you buy two or more copies, it's only $15.95.



Lumbar Mug Put a little backbone in your coffee with the Lumbar Mug. A fun way to drink your morning libations! Dishwasher and microwave-safe, this mug fits comfortably in your hand and holds 12 oz. MG013LMC Lumbar Mug $10.95

Backbone Pen Holder Anatomically correct lumbar vertebra from the human spine is cleverly drilled in the center to support a pen or pencil. Makes a great gift for your favorite nurse's desk top. Set of 2. MS012BPH Backbone Pen Holder $4.95

Bone Pen and Artery Pen Bone-a-fide replicas of a human femur and an artery. Make no bones about it, you'll shock your friends with these nearly anatomically correct pens. Bone pen is blue ink and Artery pen is red ink. MS017BPN Bone and Artery pen set $4.95



Ineffective Individual Coping. A ~~slightly~~ very twisted musical review of the "sicker" side of health care. Tired of bedpans, paperwork, and under staffing? Stressed out and overworked? Let Too Live Nurse help you laugh at it all! Too Live Nurse is the group that brought you "Rockin' to the Algo-Rhythms." Cassette Tape. Includes: The Bedpan Blues, Doin' The Incontinence Rag, Ventilate Me and more. TA007COP Ineffective Individual Coping $10.00

Rockin' To The Algo-Rhythms 2 by Too Live Nurse Productions. Resuscitate your ACLS skills the FUN and EASY way with this collection of Musical Cardiac Protocols based on the new ACLS Algorythms. Let Too Live Nurse help you to breeze through "Mega Code" and have you singing as well! Includes cassette tape and lyrics booklet. TA001RAR Rockin' To Algo-Rhythms 2 $15.00

Special Offer! Order Both Too Live Nurse tapes, Ineffective Individual Coping and Rockin' To The Algo-Rhythms 2, and get a FREE "Air Guitar"!

44" Inflatable "Air Guitar". A must for any humor basket or humor cart. MS006GUI Air Guitar $1.25

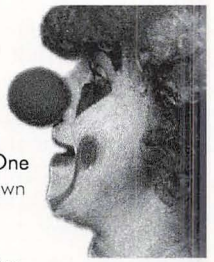
23" Rubber Chicken Mandatory for any humor basket. Each rubber chicken includes the new 16 page booklet "A Nurse's Guide to Therapeutic Uses of a Rubber Chicken" by Fran London, MS, RN. MS004RUB Rubber Chicken & Booklet $6.95

A NURSE'S GUIDE TO THERAPEUTIC USES OF A RUBBER CHICKEN

by Fran London, MS, RN
Editor, Journal of Nursing Jocularity

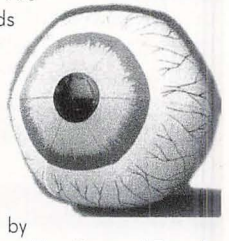
Laugh Jest for the Health of it with Patty Wooten, RN. This exclusive program by one of the best know Nurse humorists in the world, Patty Wooten, brings to life laughter's incredible role in health care. Through an unforgettable zany dialog, Patty and her two clown characters, Nancy Nurse and Nurse Kindheart, are certain to brighten your days and lift your spirits. Jest what the doctor ordered. Video 36 minutes. TA017JEST Laugh Video $24.95

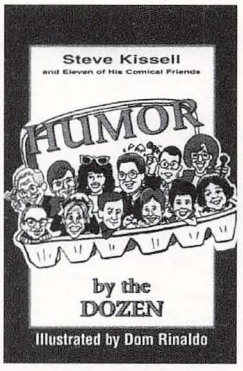
Syringe Pens Injecting a little humor into your life will be much easier with the aid of these hypodermic needle ballpoint pens. Each is filled with a harmless red liquid and contains blue ink. Size: 5 1/4" long. 2 pens per set. MS014HMP Syringe Pens $4.95



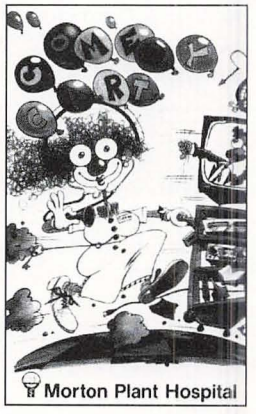
2" Sponge Clown Nose. One of the most versatile items in your humor basket. Get One Free With Every Order. MS006NOS Clown Nose. One Dozen for $6.00

Eyeball Beach Ball Summer's coming! Are you ready? Whether you're making rounds in the hospital or just relaxing in your backyard, everyone needs a little fun in their lives and this 8" vinyl inflatable beach ball is just the ticket. MS008EBB Eyeball Beach Ball $2.00



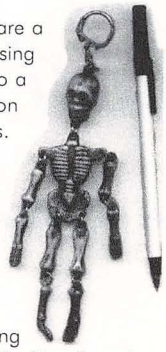


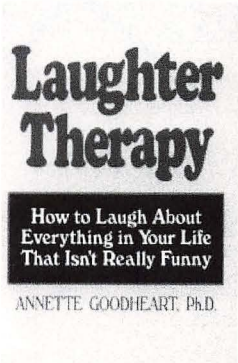
Humor by the Dozen by Steve Kissell and Eleven of his Comical Friends. Steve and eleven of his funniest comrades got together for this one! Steve's third book contains a dozen humorists, motivational speakers and down-right really funny guys and gals relating stories and one-liners! You'll be entertained a dozen times over. Paperback 159 pages. BK020HUM Humor by the Dozen $9.95



How to Create a Comedy Cart with Leslie Gibson, RN, BS. This presentation will help answer your questions on how to develop a therapeutic humor program. It is packed with information on how to prepare a budget, orientation of staff, management of supplies and obstacles to avoid. Facilitator and patient guides are included. Video 38 minutes. TA010CCC Create a Comedy Cart $50.00

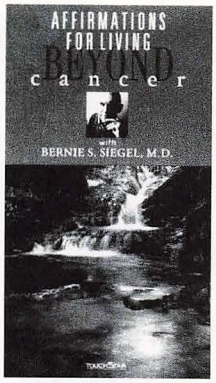
Skeleton Key Chain No bones about it - these key chains are a fantastic way to keep track of all your keys. How about using one to dangle from the keys to the narcotics cabinet? Also a perfect accessory for dancing to "Las Llaves." Each skeleton is 6" long, plastic, and is adorned with rhinestone eyes. MS007SKC Skeleton Key Chain $2.00



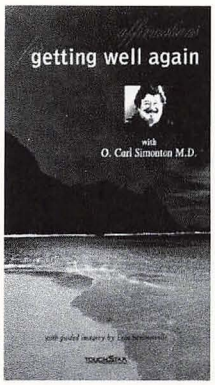


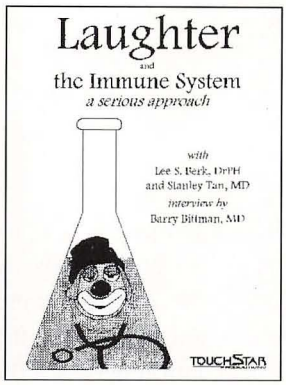
Laughter Therapy: How to Laugh About Everything in Your Life That Isn't Really Funny by Annette Goodheart, PhD. Fifteen years in the making, this wonderfully enlightening and entertaining book reveals Dr. Goodheart's profound understanding of laughter as an integral and healing element in our lives. Part 1 contains the theory of laughter, sprinkled generously with real life stories; Part 2 details 25 ways to help yourself laugh. Paperback, 150 pages. BK029LTH Laughter Therapy $15.00

Affirmations for Living Beyond Cancer with Bernie S. Siegel, M.D. An inspirational journey of hope, love and inner peace for those who must come to terms with the unexpected challenges associated with a diagnosis of Cancer. A sensitive and creative blend of natural scenery, music and suggestions that gently guides you through a healing journey and the achievement of wellness. 30 minutes Video. TA016LBC Living Beyond Cancer $24.95



Affirmations for Getting Well Again with O. Carl Simonton, M.D. Through nature's example of harmony and balance, you are about to embark upon a soul-illuminating journey for rediscovering wellness, happiness and inner peace. Your guideposts are a series of inspirational visual affirmations overlaid upon a wondrous canvas of natural scenery and complemented by a deeply moving soundtrack designed to resonate with your soul. 38 minute Video. TA015GWA Getting Well Again $24.95





Laughter and the Immune System - a serious approach with Lee S. Berk, DrPH and Stanley Tan, M.D. Interview by Barry Bittman, M.D. For the first time ever, enjoy an exclusive, in-depth interview with two of the world's leading medical researches who have studied the psychoneuroimmunology of mirthful laughter. A must for anyone serious about understanding the basis for therapeutic humor in mind and body medicine. Audio Tape (45 minutes) Booklet. 28 pages. TA018LIS Laughter and the Immune System $15.95

ITEM NO	SIZE	QUANTITY	COLOR	DESCRIPTION	PRICE/EACH	TOTAL PRICE
MS006NOS		**1**		**Clown Nose Free with every order**		**Free**

Method of Payment. Check or money order made payable to JOCULARITY CATALOG. We also accept Visa or Mastercard. Sorry, no C.O.D.'s. All orders must be prepaid.

Delivery. We ship all orders promptly or notify you of any delay. Sorry, we are unable to ship outside the United States.

Second Day Air Shipment. To have your order shipped UPS Second Day Air, please add $6.00 to regular shipping costs.

For Shipping and Handling Please Add

Orders up to $15.99	$3.50
$16.00 to $29.99	$4.50
$30.00 to $49.99	$6.00
$50.00 to $74.99	$7.50
$75.00 to $99.99	$9.00
$100.00 to $149.99	$10.50
Over $150	$12.00

Alaska and Hawaii please add $3.00.

RETURN POLICY
If you are not satisfied with an item, we' ll be happy to exchange it or refund the purchase price. Please ship to us via US Mail with the package invoice and the reason for return (so we' ll know how to serve you better).

SUB TOTAL:	
AZ Residents ADD 6.75% SALES TAX:	
SHIPPING/HANDLING:	
ADDITIONAL S&H, AK, & HI:	
EXPRESS SHIPPING:	
GRAND TOTAL (US FUNDS ONLY) :	

We ship UPS. Please use a street address. Sorry, we can not accept purchase orders.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Visa/MC/Disc __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Exp Date _____

Credit Card Orders: We use address verification for our credit card authorizations. If the shipping address is different than the address your credit card statement is mailed to, please include that address also.

We accept telephone orders Mon - Fri between 9:00am and 4:00pm Mountain Standard Time -602-835-6165
We accept fax orders 24 hours a day - fax 602-835-6922
We can now take secure online orders from our web site at: http://www.jocularity.com

THE JOCULARITY CATALOG
P.O. Box 40129, Mesa, AZ 85274

JNJ72

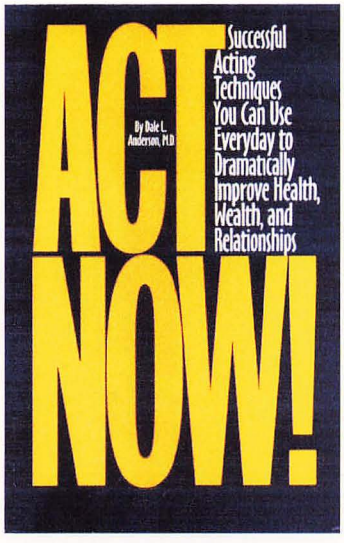
HUMORx

by Karyn Buxman, RN, MS

Fortunately, it's no longer difficult to find books written on psychoneuroimmunology (PNI). The good news is PNI is beginning to catch on. It is difficult, however, to find a book that takes a unique approach to PNI. Many of the books that cross my desk quote the same research and the same experts over and over. There's nothing wrong with what these folks have to say, but it leaves me hungry for something fresh. So it gives me great pleasure to share with you Dr. Dale Anderson's *ACT NOW! Successful Acting Techniques You Can Use Everyday to Dramatically Improve Health, Wealth, and Relationships.* (Chronimed Publishing, Minneapolis, 1995. $11.95, soft-cover, 240 pages).

Just because you have no acting on your résumé or drama classes on your transcript, don't tune out. Every day, we're all actors to some degree. Whether it's convincing the police officer that you didn't realize you were going over the speed limit, persuading your child that spinach tastes almost as good as pizza or acting astonished when your spouse throws you a surprise birthday party for the third year in a row—we all do a bit of acting.

Many of you are familiar with the study where researchers took blood samples from actors performing two different plays. One was a comedy, the other a depressing drama. The data suggested that there was a correlation between the type of person being performed and immune responsiveness. There was an improvement in actors' immune response with the comedy and a decrease in the actors' immune response with the depressing drama.



Dr. Anderson offers that feelings are chemical in nature and chemicals can be changed by acting. Are we happy because we're healthy or healthy because we're happy? The answer to both questions, according to him, is yes! Dr. Anderson takes an in-depth look at the work of Constantin Stanislavski, the Russian actor, director and teacher of actors, who is known today for his Method Acting. One of Stanislavski's aims was to help actors evoke emotions. Dr. Anderson combines the basics of Method Acting with a proactive wellness regimen. "Each of us makes moment-by-moment choices about what to say, how to gesture, how to stand, how to breathe, and much more . . . such choices can have a profound effect on our health. What's more, the techniques of acting can help us make these choices with more clarity and power and fun" (page 23).

While Dr. Anderson believes it's possible to act yourself into an improved state of wellness, he's not offering this as a cure-all or a panacea. He says, "Acting can help you think in new ways, feel better and behave more effectively, thus making your life more enjoyable" (page 23).

There are some who might reject Dr. Anderson's philosophy, because to believe that you can act yourself well also implies that if people suffer from certain illnesses they have themselves to blame. They might harbor the idea that their illness is something

they wished or secretly willed upon themselves through flawed lifestyles.

While lifestyle is a crucial component of health, Dr. Anderson emphasizes that any illness has many facets and many causes. Rarely is one aspect of our lifestyle the sole cause of a disease. To say that the mind and emotions contribute significantly to physical health is not to say they are the only factors involved. Rather, there are many factors at work in developing any state of health. Dr. Anderson stresses, "I find it most constructive to concentrate on what people can do in the present to improve their health, along with the meaning and quality of their lives. This approach is far more effective than speculating on the ways they might have created an illness" (page 46).

The plot thickens . . . If we agree with the premise that feelings and emotions are chemical and can affect our health, how do we evoke the right feelings? Stanislavski found that feelings are a conditioned response. He heard about some studies going on by a fellow named Ivan Pavlov with some dogs. (Dr. Anderson includes an entertaining dialogue that could have occurred if and when Pavlov met Stanislavski.) The key, Stanislovski found, was not to focus on the desired emotion itself, but on the antecedents of that emotion. While emotions cannot be directly commanded, by setting the proper stage, feelings can be indirectly invited through techniques of thought and body movement. This is done by focusing on attention, intention and action.

Dr. Anderson points out that unhappy people often focus their attention more towards themselves, becoming self-centered. Happy people, on the other hand, tend to expand their focus outward. The Japanese have a saying, "Self-centeredness is suffering." If we widen our attention to others through service and contribution, we shift the focus off ourselves and widen our circle to embrace others. The result can be a positive shift in chemistry.

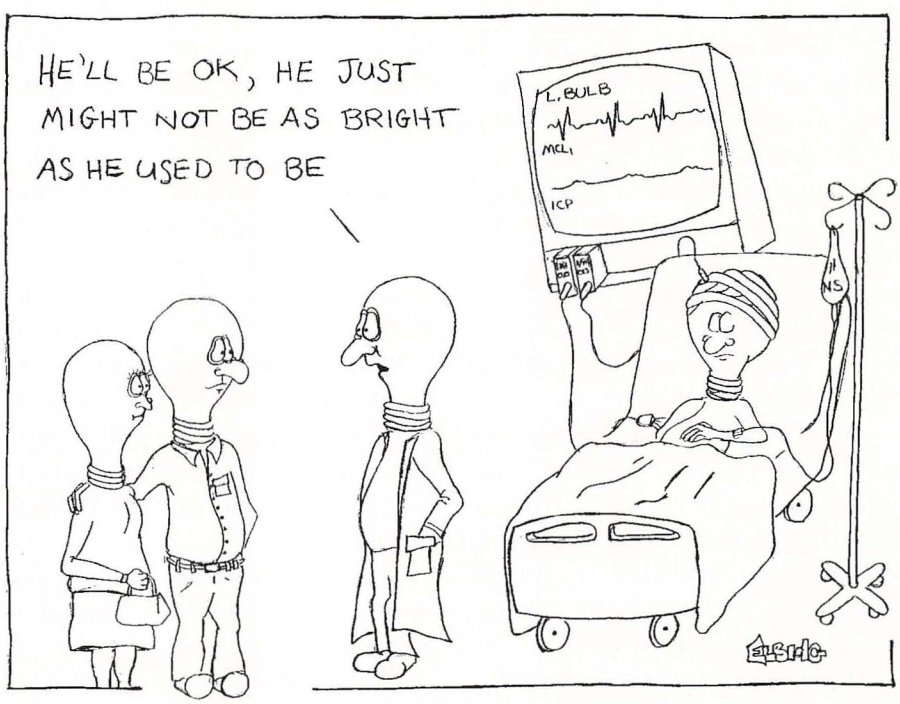
Intention entails knowing one's mission or goals. Dr. Anderson believes that it's important to ask the powerful questions: What are my values? What is my mission in life? What projects are most worthy of my time and talents? Asking yourself these questions can help you lead a more fulfilling, less rushed, more purposeful life.

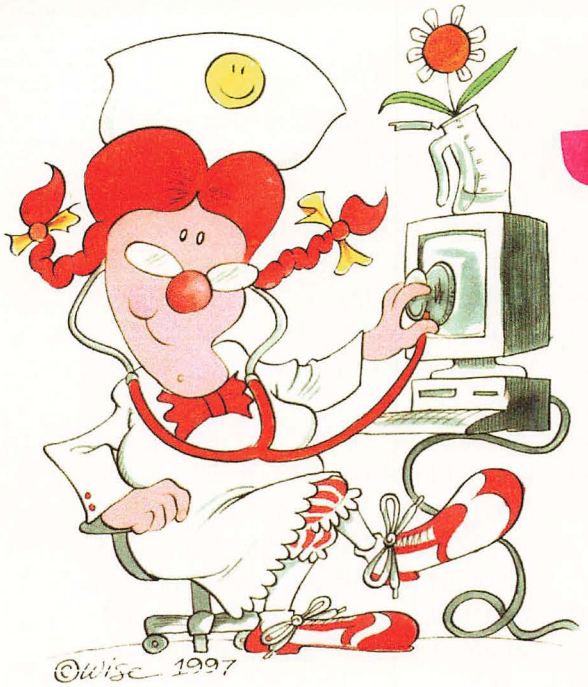
Dr. Anderson says that many of us wait until we feel "right" before we take an effective action. Instead, "Lead with actions and your feelings will follow." For instance, say you're feeling tense, rushed. By consciously making the effort to smile, breathe deeply, slow down and relax those shoulder muscles, you can affect your feelings of tension and stress.

Dr. Anderson summarizes, "In *An Actor Prepares*, Stanislavski wrote that everything in teaching revolved around three principles: the super-objective (goal), the through line of action (direction), and the inner creative mood (also called the state of inspiration). He urged his students to focus on what arouses the inner chemistry of feeling. Think of the goal and direction that leads to this creative mood. In short, focus on what can be consciously controlled (thoughts and actions). This will lead you to the subconscious—the chemistry of desired feeling" (page 89).

After laying the groundwork for his wellness regime, Dr. Anderson then provides a wealth of information on how to implement this system into our own lives. He provides numerous tools and techniques directed toward refining attention, intention and action.

In closing, Dr. Anderson provides a health actor's crib sheet, including: Thoughts: Think up. Face: Look up. Body: Stand up. Motion: Open up. Voice: Speak up. Breathing: Puff up. Eyes: Brighten up. Costume: Dress up. Music: Tune up. Stage: Set up. Cast: Team up. Color: Tone up. Taste: Eat up. My advice: Get to your bookstore and Read up! (Or contact Chronimed directly at P.O. Box 59032, Minneapolis, MN 55459-9686). Until the next issue, I remain yours in laughter!





Jest for the Health of It!

by Patty Wooten, BSN, a.k.a. "Nancy Nurse"

An Interview with the Nursing Notes

Can you imagine your nursing administrator, educator or supervisor bursting into song about some comical moment in nursing? It could happen. In fact it does happen quite often in Syracuse, New York where the *Nursing Notes* reside. This barbershop quartet is composed ('scuse the pun) of nursing leaders from three hospitals in the Syracuse area. Each of the *Notes* is also married to a nurse, so I'm sure there is an abundance of gallows humor at their dinner tables. Every year the *Nursing Notes* perform for the Journal of Nursing Jocularity conference, the audience laughs until they are exhausted, but are never too tired to offer a standing ovation. Last year the quartet wrote a parody to the song "On the Cover of *The Rolling Stone,*" wishing their picture could be "On the Cover of the *JNJ.*"

Well guys, in case you haven't noticed yet, your wish has come true, you're on the cover of this issue of *JNJ.* I think our cartoonist Bob Quick, RN has done a wonderful caricature of you. Before we talk with the *Nursing Notes,* let me introduce them:

Larry Brennan, RN is Administrative Supervisor at Community General Hospital of Greater Syracuse.

Glen Gardner, RN is Coordinator of Information Management in the Quality Management Department of the Veteran's Medical Center in Syracuse.

Wayne Beach, RN is Assistant Nursing Manager for Ambulatory Care at the VAMC- Syracuse.

And Kerry Grant, RN is the Assistant Chief of Nurses for the VAMC in Canandaigua, NY, about an hour's drive from Syracuse.

The *Nursing Notes* made their debut at the 1989 New York State Nurses Association convention and for the last seven years they have harmonized fearlessly on topics that are often a source of professional pain: staffing shortages, shift rotation and health care reform. They write their own songs and music as well as parodies of familiar songs. Their goal is to create "Health and Humor Through Harmony."

Patty: Can each of you share your opinion about the role of humor in nursing leadership?

Glen: Any nurse in a leadership position is kind of like a lightning rod. When people need to discharge their anger and frustration, they usually unload on the manager. I use humor to keep my perspective through all of this, to decompress when I feel overwhelmed with other people's pessimism and negativity.

Larry: After five years as a director of clinical education, I learned that people have a fairly short attention span, and if I don't provide moments of lightheartedness, they don't retain the material. I use humor to keep a balance, letting the playfulness counterbalance some of the unpleasant aspects of what I do.

Wayne: I think humor is essential for any leader. Healthcare reform is forcing us to change our old routines and patterns of care. We can't stop the change. The secret is to not take it personally. That's what humor gives you—a chance to stand back and laugh at the situation. We don't need to put off having fun until everything settles down. You've got to seize the moment and enjoy it.

Kerry: I think having fun on the job is essential. As a nursing adminis-

trator, many times I don't have good news for people. I have to tell them about changes in their job assignments, work schedule or benefit package. Change is threatening and when people feel threatened, they get very serious, very rigid. I try to help people smile and laugh and loosen up. Then people are more likely to "grin and bear it." I use humor to defuse the tension, stimulate cooperation and get the job done.

Wayne Beach, Kerry Grant, Glen Gardner and Larry Brennan

Patty: In this time of rapid change and restructuring, hospitals are abandoning primary care nursing and returning to team nursing. Bedside clinical nurses are expected to assume leadership responsibilities, to supervise unlicensed personnel and to coordinate the efforts of an entire health care team. From your perspective as nursing leaders who support humor, blended with your experience of singing harmony together as a barbershop quartet, can you offer nurses some advice and encouragement about team building?

Nursing Notes: A barbershop quartet is similar to a nursing team. Each member has his unique role. For us, these role or parts are: lead, tenor, baritone and bass. Each of our parts has a specific tonal relationship to the others. When our voices are perfectly blended, we create harmony. This harmony is pleasant to hear and exhilarating for us to feel. When our four voices achieve perfect harmony, a 5th tone or overtone is created. We can feel this tone as we sing, it touches our spirits, creates a feeling of joy and a deep appreciation for each other. As we begin each song, Larry, who sings baritone, blows the pitch pipe, creating a tone that orients us to the starting point and key for the song. Then, we all align our individual voices around that point and begin to sing and blend together.

Team nursing can be very similar to this process. At the beginning of the shift, the leader sets the beginning tone for the shift. Different shifts, like different songs, can begin in a distinct key, depending on the acuity. Each team member has a unique role with specific skills and tasks to accomplish. Each member has the responsibility to blend together in relationship to other members of the team. When a team is perfectly blended in harmony, they experience that same "overtone experience," a kind of synergy that generates more energy. We experience feelings of joy and a deep gratitude for our teammates. As this team spirit improves, enthusiasm grows, and the team becomes more flexible and cooperative. Every nurse has experienced a time when the team is blended and working in harmony together. In those moments we experience the joy of nursing and feel the power of caring. And we remember why we chose this wonderful profession.

You can find more information about the Nursing Notes at their web site at: www.odyssey.net/subscribers/wbeach/

DO YOU THINK I SHOULD GIVE HIM 50 OR 100?

Punchline Puzzler

Winner from our last issue. We had 51 captions submitted

Wait! . . . That's not water in that glass!

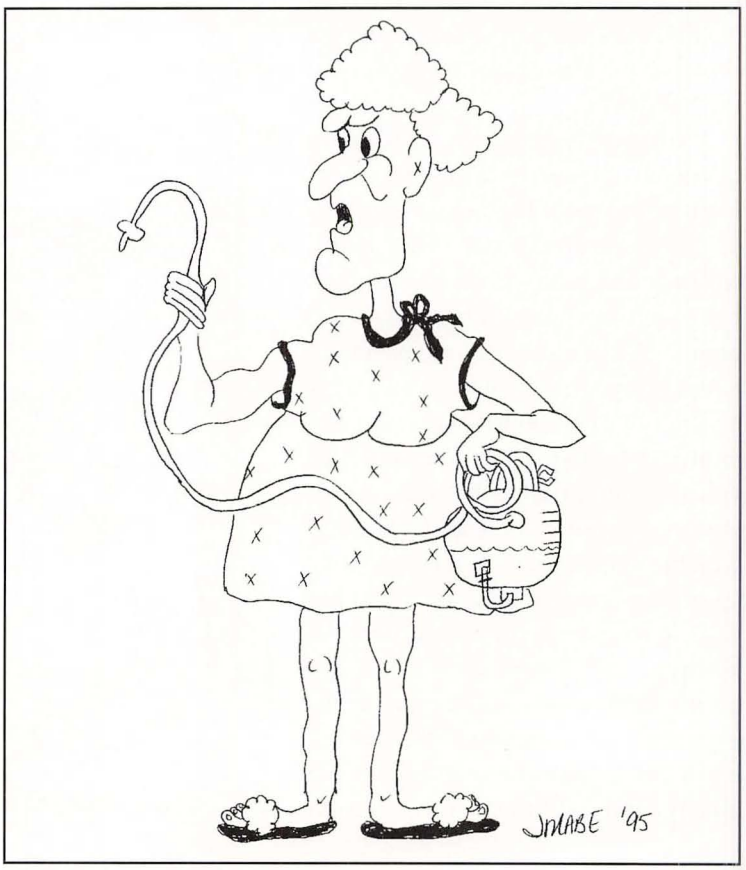
Winning caption by
Kathy Mckenna
Columbia, SC

Runner-up captions

Open wide. Pop 'em in.
Don't ever come back to the ER again!
J. Kriz
Yuma, AZ

Despite a poor performance in the hospital gown competition, Ms. Foley's talent kept her in the running for "Ms. Fifth Floor."
Debra Overstreet, RN
Fredericksburg, VA

This cartoon needs a punchline. The Journal of Nursing Jocularity will award $25 and a JNJ T-shirt for the best caption. Two runners-up will receive a JNJ T-shirt. Send your entry on a postcard to: JNJ - Punchline, P.O. Box 40416, Mesa, AZ 85274. Entries must be received by June 31, 1997.



Special Thanks to Susan, Mikie, Lisa, Diana and Barbara of the Red Robin Judging Committee.

Who's Got The Keys?

A Musical About Health Care and Nursing!

"Who's Got The Keys?" is a Broadway-Style Musical with a cast of 20 singing, dancing health professionals. It is the story of a burned-out nurse who discovers the real meaning of being a nurse with the help of a maniacal hospital CEO, a cruel medieval cardinal, Florence Nightingale, an evil four-headed HMO monster and a lovable gomer. Filled with song, dance and lots of laughs, "Who's Got The Keys?" looks at nursing like it's never been looked at before.

The World Premier Presentation!

8:00 pm, May 31, 1997 at the Disneyland Hotel

Don't Miss This Once in a Lifetime Opportunity

Call 602-835-6165 for Tickets or more information.

"Who's Got The Keys?" will soon be available on video tape.

Regular Price is $24.95 + shipping. Order before June 15 and get the pre-release price of $19.95 including shipping. Call the Jocularity Catalog at 602-835-6165. It will be available some time in early July.

see http://www.jocularity.com/llaves.html for more information

MADE IN THE U.S.A.

HICE

Factory Direct Scrubs!

$14 Jackets
$10 Tops
$10 Bottoms
Solids & Prints

800-752-4927

HICE SEWING

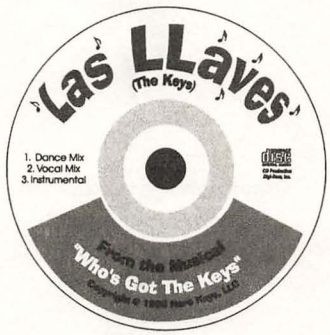
14630 Section Line Road • Elkmont, AL 35620

Visa / Mastercard / Discover / American Express
Money Order / Cashiers Check

WHAT IS "LAS LLAVES"

(pronounced las ya-vase)

"Las Llaves" is Spanish for "the keys." The dance is a little thing nurses have been doing for years whenever anyone asks "Who's got the keys" (referring of course to the keys to the narcotics box). The song is from the upcoming musical "Who's Got The Keys" that will be presented May 31, 1997 on the Grand Ballroom Stage of the Disneyland Hotel, in association with our "Humor Skills for the Health Professional" conference. The song "Las Llaves" is the first single to be released from the musical and is now available on CD.



"Who's Got The Keys" is the story of a burned out nurse who discovers the future of health care, with the help of a maniacal hospital CEO, a cruel medieval cardinal, Florence Nightingale, an evil four-headed HMO monster and a lovable gomer. Filled with song, dance and lots of laughs, "Who's Got The Keys" looks at nursing and health care like it's never been looked at before.

More information about this musical is available on our web page at: http://www.jocularity.com/llaves. If you would like a brochure for the "Humor Skills for the Health Professional" conference or would like to purchase tickets to "Who's Got The Keys" call us at 602-835-6165. Discounts for groups of 20 or more.

SO . . . WHO'S GOT THE KEYS?

The single "Las Llaves" is now available on CD. You can order by phone from the Jocularity Catalog at 602-835-6165 Monday through Friday, between 9:00am and 3:00pm Arizona time (mountain standard). The cost is $5.00 plus $2.00 for shipping. Or you can sent check or money order to:

Jocularity Catalog
P.O. Box 40129
Mesa, AZ 85274

Yes I want "Las Llaves" on CD. Please send me _____ copies at $5.00 each plus $2.00 shipping for the first CD and $1.00 shipping for each additional CD for a total of $_____

Name _____

Address _____

City/State/Zip _____

This is a limited edition collectable CD – Less than 700 remain.
Don't Miss Out! Order Today! Sorry no wholesale orders accepted.

How To Do "Las Llaves"

Right hand forward, turn the keys to the right

Turn the keys to the left

Check your left top pocket with your right hand

Check your right top pocket with your left hand

Check your left pants pocket with your right hand

Check your right pants pocket with your left hand

Check your right back pocket with your right hand

Check your left back pocket with your left hand

Step forward with your right foot . . .

. . . then your left foot forward

Right hand out, a little head tilt and a little hip movement

Left hand out, a little head tilt and a shoulder shrug

Step backwards with your right foot

Left foot back with a toe touch

Left foot to the side while turning your body to the right

Right foot back then start all over again